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| **Activity** | **Course Name** | **Time** | **Days/Hours**  M T W R F S | **Location if Applicable** | **Total Hours** |
| **Classes** |  |  |  |  |  |  |  |  |  |  |
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| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Study Time** |  |  |  |  |  |  |  |  |  |  |
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| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Work Study**Federal [ ] CalWORK[ ]  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Grand Total:** |

**PLEASE READ THIS STATEMENT AND SIGN** I certify that all the information on this form is true and complete to the best of my knowledge. I also realize that this information can be shared with the GAIN office to verify my 20/ 32/ 35 hour GAIN requirement. I authorize release of information regarding this form between the College and any applicable Social Services Agencies.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**