## **Non-Placement Statement**

This form is to be completed by those students who cannot work at this time due to one of the following reasons:

- A. ATTENDED TRAINING PROGRAM FOR OWN PERSONAL USE
- B. PERSONAL REASONS (Childcare, adult care etc.)
- C. OTHER (Please explain in the space provided)

Name:		
Address:		
City/State/Zip:		
Email:		
In the space below, please list the reason you are unable to work.		
Signature:	Date:	