



*Pride Of The Ojibwa*

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Consolidated Tribal Government Program-ED Admin. Office  
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## DESIRED OUTCOME STATEMENT

LAST NAME:		FIRST NAME:	MI:
TRAINING PROGRAM:		TRAINING SITE:	
TRAINING START DATE:	TRAINING END DATE:	GRADUATION DATE:	
TRAINING WILL RESULT IN: (Type of certificate/license you will receive)			
IMMEDIATE PLANS UPON TRAINING COMPLETION:			
LONG TERM PLANS UPON TRAINING COMPLETION:			

**STUDENTS MUST SUBMIT ACADEMIC REPORTS DETAILING PROGRESS TOWARDS SUCCESSFUL COMPLETION OF TRAINING BY SUBMITTING THE NECESSARY DOCUMENTATION:**

- 1. Grade and or progress reports**
- 2. Attendance records**

**CHECK WITH YOUR TRAINING FACILITY TO SEE WHEN THESE ARE ISSUED. ONCE YOU RECEIVE THEM, SUBMIT TO OUR OFFICE AS SOON AS POSSIBLE.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_