



United States Power Squadrons®

EDUCATIONAL DEPARTMENT

TO: SQUADRON
 COURSE DIST.
 NOTICE #
 DATE

NOTICE OF COURSE COMPLETION

The following members/certificate holders successfully completed the above
 course as of _____

No. of exams taken No. of passing No. of failures

CERT. #	NAME	CERT. #	NAME
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1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Please notify the Squadron Secretary concerned so that proper notation may be made on Squadron records.

COPY FOR CHAIRMAN LOCAL BOARD

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 Chairman, USPS Committee on