



**B.S. in HDFS
CFLE Voucher Request Form**

Submit all completed CFLE Voucher Request Forms, along with all required CFLE application documents, to Dr. Pamela Wash or Ms. Curlene Moise in Withers 204.

Student Name (Last, First, Middle)

W_____
Student WID

Winthrop Email Address

Phone (XXX-XXX-XXXX)

Please complete the following indicating which CFLE Provisional Certification you are seeking:

- \$135 (I am a current NCFR member)
- \$185 (I am not a current NCFR member)

By signing below, I acknowledge that I understand that the appropriate fee for the CFLE application listed above will be immediately charged to my Winthrop student account upon submission of this signed form.

Student Signature

Date

OFFICE USE ONLY	
Date Received	
Date Verified	
Date Memo Sent to Student Financial Services	
Amount Charged to Student Account	
Processed By	