

# TIME DEFICIENCY FORM

<b>Name:</b>		<b>Application #</b>	
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We must account **for any/all time from your 18th birthday to present.** Please complete this form to the best of your recollection for the times indicated.

<b>EDUCATION</b>							
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Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

<b>WORK HISTORY</b>							
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Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title

<b>OTHER ACTIVITY</b>							
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Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State