

# Verification of Graduate Student Status for ISCA Membership

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Please have a professor signature included on the form to verify graduate student status.

Return by:

- Email: [info@iaschoolcounselor.org](mailto:info@iaschoolcounselor.org)
- Fax: 515-282-9117
- Mail: ISCA, 6919 Vista Drive, West Des Moines, IA 50266

I verify that the following student \_\_\_\_\_ is  
enrolled in a Counseling Graduate Program during the \_\_\_\_\_ school year.

- \_\_\_\_\_ Buena Vista University
- \_\_\_\_\_ Drake University
- \_\_\_\_\_ University of Northern Iowa
- \_\_\_\_\_ University of Iowa
- \_\_\_\_\_ Other \_\_\_\_\_

Professor Name \_\_\_\_\_

Professor Signature \_\_\_\_\_

Email \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_