

GOOD STUDENT/DRIVER TRAINING				DATE (MMDDYY)
PRODUCER CODE: AGENCY CUSTOMER ID:	SUBCODE:	NAME AND MAILING ADDRESS (INCLUDE ZIP CODE) 		
		COPLAN	EFFECTIVE DATE	EXPIRATION DATE
		POLICY #:	NEW	RENEWAL
STUDENT INFORMATION				
NAME OF STUDENT		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NAME AND ADDRESS OF SCHOOL	
<input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR				
GOOD STUDENT CERTIFICATE	DRIVER TRAINING CERTIFICATE			
TO BE COMPLETED BY SCHOOL OFFICIAL	TO BE COMPLETED BY REPRESENTATIVE			
The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following: <input type="checkbox"/> ranked among the upper 20% of their class scholastically; or <input type="checkbox"/> in a school using letter grades, had a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or <input type="checkbox"/> had a grade average of at least 3 points on a 4 point scale (or its equivalent); or <input type="checkbox"/> was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).	This is to certify that the student has successfully completed: _____ clock hours of classroom instruction; AND _____ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR _____ clock hours on the average per student in an approved device which simulates practice driving.			
DATE (MMDDYY)	NAME AND TITLE OF SCHOOL OFFICIAL		AUTHORIZED SIGNATURE	