



National Garden Clubs, Inc.
Gardening Study Schools
(Please print or type.)

Name _____ Date _____
(last name, first name)

Address _____

Telephone/Email _____

Garden Club _____ State Garden Club _____

Status: Student Request for extension of seven-year period to complete courses

Date that first GSS Course was completed _____

Course (s) needed: Course I Course II Course III Course IV

Reason for extension _____

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Status: Consultant Request for extension of five-year period to refresh

Date of current Certificate (became a Consultant or last refreshed on this date) _____

Good Standing Date (date current certificate expires) _____

Reason for extension _____

Submitted by _____ Date _____
State GSS Chairman

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Request Granted YES NO Work to be completed by _____
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Approved _____ Date _____
NGC GSS Chairman