



CLASS ATTENDANCE VERIFICATION FOR CURRENT TERM

PLEASE USE BLACK INK ONLY

Student Full Name:	Student ID Number:
Date of Birth: ___ ___ / ___ ___ / ___ ___	Phone Number:

This form is to be certified by LU Faculty in order to document that the student listed below completed the course(s) for the term indicated.

A separate form must be completed for each course in question.

Who Should Complete This Form?

1. The top section is to be completed by the student.
2. The bottom section is to be completed by the faculty member who taught the course.

STUDENT SECTION

Semester: _____ Course Name: _____
Course Prefix and Number: _____ CRN Number: _____
Student Signature: _____ Date: _____

FACULTY SECTION

Federal Student Aid guidelines state that if a student who began attendance and has not officially withdrawn fails to earn a passing grade in at least one course offered over an entire period of enrollment, LU must assume, for Title IV purposes, that the student has unofficially withdrawn unless the student can document that he/she completed the period. Please document below whether the student completed the course listed above.

_____ This student never attended my class.

_____ This student is no longer attending my class and their last date of attendance was _____.
Date

_____ This student is currently attending my class.

Instructor Name (Please Print): _____

Instructor Signature: _____ Date: _____