



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783
906-635-2678 • Fax: 906-635-6669

PROOF OF ATTENDANCE VERIFICATION

Student Name: _____ **ID:** _____

This student is required to provide proof of **REGULAR** attendance in their classes
For _____ Fall _____ Spring _____ Summer Semester of the _____ Academic Year.
(CHECK ONE)

Attention faculty member: For federal financial aid purposes, please verify that this student is regularly attending your class. If the student stops attending the class but fails to drop the class, please be sure to note the last day of a classroom-related activity to the final grade you assign.

If you have any questions regarding this form, please do not hesitate to contact the Financial Aid Office Director.

Subject Name/Course Number	Professor Name	Professor Signature and Date
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

Student: Once you have attended all of your classes on a regular basis and all of your instructors have verified your attendance by signing this form, please submit the form to the Financial Aid Office. Your aid will be released within 3-5 days of the receipt of this completed form. If you have a payment due prior to the release of these funds, you are responsible for the payment or signing a deferment contract with the Business Office to avoid de-registration or fees.

Submit completed form to the Financial Aid Office.

Date received: _____

Proof of Attendance for _____ has been confirmed for all classes.

Release of Hold completed on _____ by _____.