

Please complete form in blue or black ink. Incomplete forms will not be accepted.

<b>Student Name</b> _____	<b>ID #</b> _____
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This student is required to provide proof of **REGULAR** attendance in their classes

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 an academic-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	Date
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

For online courses, instructors must email the Director of Financial Aid, Anne Van, directly at [avan1@lssu.edu](mailto:avan1@lssu.edu).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Proof of Attendance for \_\_\_\_\_ has been confirmed for all classes. Date received: \_\_\_\_\_

Release of Hold completed on \_\_\_\_\_ by \_\_\_\_\_.

**Internal use ONLY**  
 Reviewed: \_\_\_\_\_  
 Scanned: \_\_\_\_\_  
 \_\_\_\_\_  
**ATTEND-A7**

**RETURN FORMS TO:**  
 Lake Superior State University  
 Financial Aid Office  
 650 West Easterday Avenue  
 Sault Ste. Marie, MI 49783-1699  
 Phone: 906-635-2678  
 Fax: 906-635-6669  
 Email: [finaid@lssu.edu](mailto:finaid@lssu.edu)