Verification of Class Attendance

The Office of Scholarships and Financial Aid is requesting that you verify the last day of attendance for the student referenced below. According to the Office of Registration & Records, the student did not successfully complete your course for the Fall 2017 semester.

Federal regulations require that students who withdraw from the University before completing 60% of the semester (stopped attending/participating prior to 10/25/17) must repay a portion of the financial aid received for the term. Additionally, students who fail to successfully complete any of their courses (either by receiving grades of F, U, IN or LA in every course) are assumed to have “unofficially” withdrawn from the University. Those students must document that they attended more than 60% of the semester or will be required to repay aid they received.

Based on your available records, please indicate the last date of attendance/participation in your class. If your course was taught via distance education, please provide the last date where you can best determine the student’s engagement or participation in the course subject matter. Log in dates are not sufficient documentation of participation. Your immediate attention to this request will be greatly appreciated. If necessary, the Office of Scholarships and Financial Aid will contact you to verify the accuracy of this document. This form must be returned by 5 p.m. on January 12, 2018 or we will recharge the student for aid received for the fall semester. Faculty/instructors with questions may contact Lori Newberry (Lori_Newberry@ncsu.edu) with questions or concerns.

__________________________________  ____________________  ____________________
Student’s Name  Student ID Number  Date of last attendance in course

__________________________________  ____________________  ____________________
Course Name & Number  Date of last attendance in course  Email Address

__________________________________  ____________________  ____________________
Instructor’s Name  Phone  Email Address

__________________________________  ____________________
Instructor’s Signature  Date