

Instructor Verification of Student Attendance

Student Name:		Student ID#	
Quarte	r: Email:	Phone:	
Dear I	nstructor:		
receiv Federa	ed a failing (F, NP, or W) grade in your cour	e student listed above has withdrawn from or se at De Anza College. In order to comply with etermining the date this student last attended eturn this form to the Financial Aid Office.	
то в	E COMPLETED BY INSTRUCTOR C	ONLY	
Course Name, Number, and CRN			
	The student completed this course and ea	<u> </u>	
	The student attended at least one (1) class unknown.		
	The student stopped attending this course	e on (date)	
	The student never attended this course.		
Instructor Signature:		Date:	

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