



VERIFICATION OF CLASS ATTENDANCE

Financial Aid and Scholarships Office
201 South 1460 East, Room 105
Salt Lake City, Utah, 84112-9055 (801) 581-6211; FAX (801) 585-6350

STUDENT NAME: _____ STUDENT ID#: _____

List the classes in which you will enroll during each term. You must complete this on a term-by-term basis. At the beginning of each term, for each class have the **professor** or an **authorized representative of the institution** (who has access to information verifying your attendance) sign and date to verify that you **have attended** at least one class session. Mail or fax a completed copy of this information to us immediately.

TERM	COURSE	COURSE#	CREDITS	*SIGNATURE OF PROFESSOR OR INSTITUTIONAL REPRESENTATIVE	DATE SIGNED

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*Professors and Institutional Representatives -- please sign and date this form only if the student has attended at least one session of class.