Cleveland State University
engaged learning

CSU ID #	_____
Student Name	_____
Course Name	_____

ATTENDANCE VERIFICATION FORM – UNOFFICIAL WITHDRAWALS

THIS FORM MUST BE COMPLETED BY AN OFFICIAL OF THE UNIVERSITY AND RETURNED TO THE FINANCIAL AID OFFICE NO LATER THAN 30 DAYS AFTER THE END OF THE PERIOD
Please return completed form to:
Cleveland State University 2121 Euclid Avenue Cleveland, OH 44115-2214, or Fax 216-687-9247

Dear University Official:

Thank you for assisting the Financial Aid Office in determining the student's last date of attendance for the previous semester. When a student fails to earn a passing grade or attend through 60% of the period in at least one course, federal regulations require schools to return any "unearned" Title IV funds for the period.

Please indicate which of the following most accurately describes the student's last date of attendance:

☐ The student completed the referenced course and earned a passing grade ("A", "B", "C", "D" , "S", or "T"), which will be posted no later than 30 days after the end of the period.

Please note federal rules require students to earn a passing grade in their last scheduled session (Summer only).

☐ The student received a grade of "Incomplete" for the referenced course. The Financial Aid Office must be notified of the student's last date of attendance within the academic term. Record date below.

Please note federal rules do not consider a grade of "Incomplete" to be a passing grade.

☐ The University has documented the student's last date of attendance at an academically-related activity. Record date below.

Examples of academically-related activities include examinations or quizzes, tutorials or lectures, computer-assisted instruction, academic conferences, completing an academic assignment, paper, or project, and attending a study group required by the institution where attendance is taken.

In accordance with federal rules, participating in academic counseling or advisement, or logging into an online class without active participation will not be considered an academically-related activity.

Last Date of Attendance = _____/_____/_____

Please describe the activity: _____

_____

☐Dr. ☐Mr. ☐Ms._____
Official's Name (please print)   Title/Department   CSU ID (Employee)

_____
Official's Signature   Date   Phone No.

FOR FINANCIAL AID OFFICE USE ONLY
Semester:_____ Approved:_____ Denied:_____ Staff Initials:_____ Date Reviewed:_____
Comments: