

Instructor Verification of Student Attendance

Student Name:		Student ID#	
Quarter:	Email:	Phone:	
received a failing (F Federal Regulations	, NP, or W) grade in your cours , we need your assistance in de	student listed above has withdrawn from or se at De Anza College.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.	
TO BE COMPLE	TED BY INSTRUCTOR O	NLY	
Course Name, Numb	per, and CRN		
	completed this course and ear	<u> </u>	
The student unknown.	attended at least one (1) class	meeting, but the date of withdrawal is	
The student	stopped attending this course	on (date)	
The student	never attended this course.		

Gary Valentine
Financial Aid and Scholarships
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(408) 864-8227 (voice)
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Cupertino, CA 95014
https://www.deanza.edu/financialaid/

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