

VERIFICATION OF ATTENDANCE

Date _____

Student Name _____

Student ID# _____

Class # _____

Department/Course _____

1. I verify the above student was reported as a No-Show in error and was in attendance during the first week of class and has my permission to be reinstated in the above course.
2. I verify the above student was in attendance during the first week of class and has my permission to be reinstated in the above course due to cancellation for non-payment.
3. The student was not in attendance the first week of class; however, I will allow the student to be reinstated in the above course. *(Due to lack of attendance, this course may no longer be eligible for financial aid. Please see the Office of Financial Aid for details.)*

Student Signature _____

Faculty Name (Printed) _____

Faculty Signature _____ Date _____

Please return this form to Student Records in Somerset or Laurel or via email to Somerset-StudentRecords@kctcs.edu.