



COLORADO STATE UNIVERSITY

**PUEBLO**

**DEPARTMENT OF STUDENT FINANCIAL SERVICES**

**Verification of Attendance Form**

Student Name:

NetID:

Colorado State University-Pueblo does not require that professors take attendance; however, the U.S. Department of Education requires (34 CFR 668.22 and 600.2) Financial Aid to determine if a student who receives financial aid and does not earn a passing grade in a course has actually attended and/or completed the course. In addition, for students who officially withdraw, we are required to document that they also began attending the course(s) they withdrew from in order to determine the type and amount of financial aid they may be eligible to retain.

**This form must be completed and submitted by an instructor**

Student Attendance Verification

Please indicate for the semester and course, the statement that best documents this student's attendance record.

Semester (circle one):    Fall 2021            Spring 2022            Summer 2022

Course: \_\_\_\_\_

- Student never attended
- Attended course until term completed
- Attended course until (date) \_\_\_\_\_
- Attended course but last date unknown, date of last academically related activity\*  
(date) \_\_\_\_\_

\*Examples of academically related activities are: Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students; Submitting an academic assignment; Taking an assessment or an exam; Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction; Participating in a study group, group project, or an online discussion that is assigned by the institution; or interacting with an instructor about academic matters.

Academically related activities DO NOT include, for example, living in institutional housing; Participating in the institution's meal plan; Logging into an online class or tutorial without any further participation; or participating in academic counseling or advisement.

Professor Attendance Certification

I certify that the above information verifies the attendance for the referenced student to the best of my knowledge.

\_\_\_\_\_  
Professor Name (please print)

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Professor Signature

\_\_\_\_\_  
Date

Complete this form and mail, email or fax it to the Student Financial Services office. **Student Financial Services cannot accept forms submitted by the student.**