

# LAST DAY IN CLASS

TO: Financial Aid Office or Veterans Affairs  
(Circle the appropriate office)

FROM: \_\_\_\_\_

DEPT: \_\_\_\_\_

DATE: \_\_\_\_\_



<u>Student(s) Name</u>	<u>ID#</u>	<u>No Show (?)</u>	<u>Course/Sec</u>	<u>Last Day In Class</u>
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

This form is to be submitted to the appropriate office when a student has not attended class for a two (2) week period. Please also use this form to report those students who are a "no show" to your class and submit it to the appropriate office during the first 10% period of the semester. **Please notify these offices if you wish to reinstate a student.**