



**Solano Community College**  
Financial Aid Office, 4000 Suisun Valley Rd., Room 425, Fairfield, CA 94534  
\* Phone (707) 864-7103 \* Fax (707) 646-2071 \*  
[http://www.solano.edu/financial\\_aid/](http://www.solano.edu/financial_aid/)

### INSTRUCTOR VERIFICATION OF ATTENDANCE

Student Name \_\_\_\_\_ Date \_\_\_\_\_

SCC ID # \_\_\_\_\_ Semester \_\_\_\_\_

Dear Instructor:

The Financial Aid Office has been notified that the student listed above has withdrawn from or received a failing (F, NC, or W) grade in your course at Solano Community College. In order to comply with Federal Regulations, we need your assistance in determining the date this student last attended your class. Reference [http://www.solano.edu/financial\\_aid/titleiv.php](http://www.solano.edu/financial_aid/titleiv.php). Please complete the items below and return this form to the Financial Aid Office.

### TO BE COMPLETED BY INSTRUCTOR ONLY

Course Name \_\_\_\_\_

CRN \_\_\_\_\_

- The student completed this course and earned an "F" or "NC" grade.
- The student attended at least one (1) class meeting, but the date of withdrawal is unknown.
- The student stopped attending this course on (date) \_\_\_\_\_
- The student never attended this course.

\_\_\_\_\_  
**Instructor Printed Name**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**