



FINANCIAL AID STUDENT ATTENDANCE REPORT

TERM: _____ 2011 - 2012

PLEASE HAVE YOUR **INSTRUCTOR(S) SIGN AND DATE** THIS VERIFICATION OF ATTENDANCE FORM OR HAVE THEM SEND AN EMAIL VERIFYING YOUR ATTENDANCE TO: Financialaid@fkcc.edu

YOU MUST COMPLETE EVERY COLUMN ON THE FORM FOR EACH ENROLLED COURSE. AN INCOMPLETE OR MISSING FORM WILL PREVENT YOUR AID FROM BEING AUTHORIZED OR DISBURSED.

NAME: _____ **ID#** _____

EMAIL: _____ **PHONE:** _____

CRN	Course Title	Credits	Instructor Signature	DATE	Instructor Phone Number

DIRECT LOAN RECIPIENTS: YOU MUST BE ENROLLED IN AT LEAST 6 CREDIT HOURS TO MAINTAIN YOUR LOANS.

FINANCIAL AID OFFICE
 Phone: 305-809-3523
 FAX: 305-292-5166
financialaid@fkcc.edu