



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

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Creating Opportunities. Changing Lives.

Attendance Report for Recipients of Veterans Affairs Benefits

Name: _____ SS#: _____ - _____ - _____

Program of Study: _____ Semester: _____

The purpose for completing this form is to verify to the Department of Veterans Affairs (DVA) auditors that you are participating in your classes. Provide the information requested below, sign and submit this form to your instructor(s) for their signatures during the last week of the month. Return the completed form to Cathy Chi, VA Certifying Official, who is located in the Student Services Building. *If you have online classes, have your instructor email you, print the email, and staple to this form. All courses, whether documented by signature or email, should be listed below to ensure credit for all credit hours attended each month.*

ATTENDANCE REPORT IS DUE BY THE LAST DAY OF EACH MONTH

Course (ex: ENG 111)	Credit Hours	Instructor's Signature and Date: I certify that this student has been participating in class.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Credit Hours: _____

I certify that the above information is correct and complete to the best of my knowledge. I am aware that incomplete or falsification of the above information may result in termination of DVA benefits.

Student Signature: _____ Date: ____/____/____

NOTE: Failure to turn in an attendance report by the end of the month may result in termination of VA benefits.