

DLDA STATEMENT OF CLASS ATTENDANCE FORM: Fall 2024

University Office of Scholarships and Financial Aid 201 South 1460 East, Room 105 Salt Lake City, Utah, 84112-9055 (801) 581-6211; FAX (801) 585-6350

STUDENT NAME:	ST	STUDENT ID:	
Title of Course #	/		
Note to the Instructor: Verification of this Regulations. Verification may be by means Please indicate the latest date they engaged	of a class roll, an assignment, a test, o	r your memory of the student's attendance.	
Please respond with the latest of: 1. Date the student attended your cou	rse:		
2. Date the student turned in coursewo	ork for the course:		
3. Date the student participated in an	activity related to the course:		
Did not Attend □			
Instructor's Name:	Title:	Phone #:	
Instructor's Signature:	Date:		
Title of Course #	/		
Note to the Instructor: Verification of this Regulations. Verification may be by means Please indicate the latest date they engaged	of a class roll, an assignment, a test, o	r your memory of the student's attendance.	
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Did not Attend			
Instructor's Name:	Title:	Phone #:	
Instructor's Signature:	Date:		

If you have more than two classes that require documentation, please print and complete multiple forms.

Deadline for Submission is January 13, 2025