



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

ATTENDANCE AFFIDAVIT

Student ID No.: _____ Date: _____

Name: _____
(Last Name) (First Name) (Middle Name) (Suffix)

Signature: _____ Term/Year: _____

The student above has been reported by you as not attending your course during the first week of classes and has since been dropped for non-attendance from your course.

By signing this form you (the instructor of the course) are attesting to the fact that the student **has attended** at least one class meeting prior to the term census date of August 28, 2017 and should therefore be reinstated to your course below.

Line No.	Course No.	Sec. No.	Instructor's Printed Name	Instructor's Signature	Date of Signature

This form MUST be returned to the Registrar's Office by 2:00 p.m. August 29, 2017 to be reinstated in the course.

Failure to return the form promptly to the Registrar's Office in the University Center, Room 215 will result in non-enrollment of the course and can affect your financial aid for this term.

REGISTRAR'S OFFICIAL USE ONLY

_____ Reinstated to courses

_____ Notified Financial Aid

_____ Notified Student Accounts

Processed By: _____ Date: _____
(Registrar's Office)