

# 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 January 30, 2018 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 |
|----------|------------|----------|---------------------------|------------------------|-------------------|
|          |            |          |                           |                        |                   |
|          |            |          |                           |                        |                   |
|          |            |          |                           |                        |                   |
|          |            |          |                           |                        |                   |
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|          |            |          |                           |                        |                   |
|          |            |          |                           |                        |                   |

**This form MUST be returned to the Registrar's Office by 2:00 p.m. January 31, 2018 to be reinstated in the course.**

Dates listed above are subject to change if classes are cancelled due to inclement weather or other unforeseen circumstances.

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)



REGISTRAR'S OFFICE

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