

## WRITTEN CONFIRMATION OF FUTURE ATTENDANCE

Student Name (print):

S#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Entire form must be completed in black ink.

Our records indicate that you withdrew from one or more of your current classes but you are still registered for courses that begin later this semester. The amount of federal financial aid that you may receive is based on your number of registered credit hours and on your continued attendance in those courses. In accordance with Return of Title IV Funds federal regulations, you must confirm that you plan to attend your upcoming course(s) in order to receive federal financial aid for this semester.

By completing this form, you are confirming that you understand your financial aid has been impacted due to dropping a course, being dropped for non-attendance, withdrawing from or failing one or more courses this semester.

Complete the section below to confirm your academic plans for \_\_\_\_\_ (the current term).

## **Option 1**

	I plan to attend	the following	course(s) ir	n which I	am enrolle	d this
Initial Here	semester:					

Future Course: \_\_\_\_\_ Future Course: \_\_\_\_\_

Future Course: \_\_\_\_\_ Future Course: \_\_\_\_\_

Financial Aid Office Confluence – Room 120 Campus Box 206 P.O. Box 173363 Denver, CO 80217 Fax: 303-556-5458 Phone: 303-556-5503 Email: <u>financialaid@ccd.edu</u> Website: <u>www.ccd.edu/finaid</u>



## WRITTEN CONFIRMATION OF FUTURE ATTENDANCE Option 2:

I do not plan to attend my late-start courses this semester. I Initial Here understand I am responsible for formally dropping any courses I don't plan to attend and for repaying any unearned financial aid that has been disbursed into my student account.

By signing below, I understand that a future withdrawal, drop for non-attendance or failing grade in the above listed course(s) may result in my financial aid being adjusted. This adjustment could result in a balance I owe to Community College of Denver for any amount of federal financial aid that I do not earn this semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_