



evergreen
OLYMPIA, WASHINGTON

TO: Faculty

FROM: Colby Morelli, Director of Financial Aid

DATE: _____

RE: Name: _____

ID#: **A**_____

Qtr: _____

The above mentioned student has or is in the process of totally withdrawing from your class and is required to verify a last date of attendance in an academically related activity. Please check/complete one of the following.

This student:

Never attended the first day/meeting

Attended at least one day/meeting

Date last attended or submitted work, date: _____
month day year

Other: _____

Program Title: _____ Date: _____

Faculty Name: _____ Signature: _____

Thank you for your prompt response. Please return to:

The Financial Aid Office

Office of Financial Aid