

ATTENDANCE VERIFICATION

Veteran's Name and Address:		Social Security No.
Semester:	Month & Year:	Return Date:

YOU ARE RESPONSIBLE FOR RETURNING YOUR PROOF OF ATTENDANCE TO THE REGISTRAR'S OFFICE.

To retain your benefits you must have your instructors' sign and date below indicating that they are satisfied with your attendance. All cards must be returned to the Registrar's Office (Administration Bldg., Room A-104) by the date indicated above.

FAILURE TO COMPLY ON TIME MAY RESULT IN THE TERMINATION OF YOUR BENEFITS.

Course	Credit	Instructor	Instructor's Signature	Date

INSTRUCTOR: SIGNING THIS FORM INDICATES SATISFACTORY ATTENDANCE FOR THIS STUDENT. THANK YOU.