The U.S. Department of Education Return of Title IV Funds policy stipulates that financial aid recipients who cease to be enrolled before completing 60% of their enrollment period (typically a semester) must return a portion of the federal funds received for the term. In order to comply with the Return of Title IV Funds (R2T4) policy requirements, the Financial Aid Office must verify the enrollment status of financial aid recipients who received non passing grades in all courses attempted during the enrollment period. The Financial Aid Office has a responsibility to determine whether a student “unofficially” withdrew, meaning the student stopped attending classes and received an non passing grade because s/he failed to complete the course requirements OR the non passing grades were “earned,” meaning the student attended, did the work, but the quality of the work merited a non passing grade.

It is to the benefit of the student to respond to this request. If we cannot determine that the student attended class at any point in the semester, 100% of federal aid will have to be returned. Please assist our office and the student by providing the information requested below.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Professor/Instructor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>ID #</td>
<td>Dept.</td>
</tr>
<tr>
<td>Term</td>
<td>Phone</td>
</tr>
<tr>
<td>Year</td>
<td>Email</td>
</tr>
<tr>
<td>Course</td>
<td></td>
</tr>
</tbody>
</table>

**Grade Received** (select one of the following)

- [ ] F
- [ ] FO
- [ ] IN
- [ ] Not Reported

Select and complete one of the following statements:

- [ ] The non passing grade reported was an earned grade. Student did not withdraw/drop course.
- [ ] The non passing grade reported was a result of student’s unofficial withdrawal/dropout. The student’s last date of attendance was ___ / ___ / ____ (mm/dd/yyyy). (This statement is not valid without a last date of attendance)
- [ ] No grade was reported due to extenuating circumstances specified below. The student’s last date of attendance was ___ / ___ / ____ (mm/dd/yyyy). (This statement is not valid without a last date of attendance)

__________________________
Instructor’s Signature

__________________________
Date

Department Stamp

Return the completed form to the Financial Aid Office located in the Modesto Maidique Campus, PC 125. If you have any questions please contact the Financial Aid Office at: Phone: (305) 348-7272, Fax: (305) 348-2346.