GRADE/ENROLLMENT CERTIFICATION FOR FINANCIAL AID RECIPIENTS

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 a 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 be cancelled. Please assist our office and the student by providing the information requested below.

<table>
<thead>
<tr>
<th>THE FOLLOWING INFORMATION MUST BE COMPLETED AND SIGNED BY PROFESSOR/INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Information</strong></td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>ID #</td>
</tr>
<tr>
<td>Term Year</td>
</tr>
<tr>
<td>Course</td>
</tr>
</tbody>
</table>

Select and complete one of the following statements:

**Grade Received**

F

The non passing grade reported was an earned grade. Student did not withdraw/drop course.

(This statement is only valid for F grades)

**Grade Received**

F F0 IN

The non passing grade reported was a result of student’s unofficial withdrawal/dropout from the course.
The student’s last date of attendance was ____/____/____ (mm/dd/yyyy).

(This statement is not valid without a last date of attendance)

**Grade Received**

Not Reported

No grade was reported due to extenuating circumstances.
The student’s last date of attendance was ____/____/____ (mm/dd/yyyy).

(This statement is not valid without a last date of attendance)

By signing below, I certify that the information provided above is an accurate representation of University records.

______________________________
Instructor’s Signature

______________________________
Department Stamp

______________________________
Date

Return the completed form to the Financial Aid Office located in the Modesto Maidique Campus, PC125. If you have any questions please contact the Financial Aid Office at: Phone: (305) 348-7272, Fax: (305) 348-2346