

VERIFICATION OF ACADEMIC ENGAGEMENT

Purpose

Federal student aid recipients who did not earn any credits in a given semester may complete this form to verify academic engagement, (in at least **one course**) in order to remain eligible for federal aid disbursed during the semester in need of clarification.

Instructions

- Student must complete Section 1, 2 and 3
- Submit documentation as instructed in Section 2
- Faculty member must complete Section 4 (only if box A in section 2 has been selected)
- Student must submit the completed form to the Office of Student Financial Aid Services through the "Submit Forms" link found on the front page of the Financial Aid website.

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SECTION 1: Student Information			
Last Name	First Name		МІ
Student ID	Telephone Number	Cell Phone No	umber
SECTION 2: Academically Related Activity		,	
Choose one or more items below and submit th	e requested documentation:		
☐ A. I attended classes and engaged i Complete sections 1, 2, 3, 4 and 5	n an academically related activity	such as class attendand	ce or research
☐ B. I attended classes and have copic Complete sections 1, 2, 3 and 5 and	es of dated and graded assignment I attach a graded assignment, quiz, c	nts or exam <u>dated on or after</u>	March 27, 2023
□ C. I participated in an online discussion related to a course Complete sections 1, 2, 3 and 5 and attach documentation verifying your participation (e.g. Husky CT participation, etc.) dated on or after March 27, 2023			
	road program tion verifying your participation and c Abroad program, select option "A" ab		
☐ E. One or more of my grades have be Complete sections 1, 2, and 5	een updated since receipt of the A	Academic Engagement l	letter
SECTION 3: Indicate Course Information (f	or the course you are providin	g verification informa	tion for)
Course Name:			
Term: (Circle one): Fall / Spring / Summer	Year:		
SECTION 4: Faculty Verification of Academ	nic Engagement		
Please check one of the following:			
□ The student attended class throughout□ The student was engaged in an acader□ The student ceased attendance at som	mic related activity (such as research		
Faculty Printed Name Faculty S	Signature (cannot be typed)	Date	
SECTION 5: Certification			
I confirm that I was engaged in an academic re	lated activity during the semester	indicated.	
Student Signature (must be in ink)	 Date		