

Class Attendance/Participation Form
Lake Michigan College
Financial Aid Office

 Student's Name

 LMC ID#

 Student's Telephone #

TO BE COMPLETED BY THE STUDENT		TO BE COMPLETED BY THE INSTRUCTOR		
Name of Class	Name of Instructor	Last Day of Attendance/ Participation	Student Making Satisfactory Progress (Yes/No)	Instructor's Signature

Brief explanation for excessive absences: _____

I certify that the information completed above is true and correct to the best of my knowledge. I have obtained the original signature(s) from the instructor(s) reporting me absent and affirm I intend to continue in these classes.

Student's Signature _____ Date: _____

This form will NOT be accepted if there is no student signature and absence explanation.