



Positive Attendance Add

Submit completed form to Enrollment Services.

Today's Date: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Phone Number: _____

Course Information

Term/Year: FA _____
 SP _____
 SU _____

SECTION #	COURSE NAME & NUMBER	ACCESS CODE

Student Signature: _____ Date: _____

INSTRUCTOR USE ONLY

Date student first attended class: _____

Instructor Signature: _____ Date: _____

OFFICE USE ONLY

Staff Initials: _____ Date: _____ Notes: _____