



# CCS Financial Aid Office ATTENDANCE DECLARATION

Student name \_\_\_\_\_  
LAST FIRST MI

Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Total number of credits enrolled in this quarter \_\_\_\_\_

Student Social Security No. \_\_\_\_\_ Student SID No. \_\_\_\_\_

Federal regulations require documentation that you have started attending classes. This Attendance Declaration must be signed before you can receive financial aid funds.

**Signature on this Attendance Declaration confirms that you understand that if you do not attend all classes after release of financial aid funds, your financial aid award will be recalculated at the lower enrollment level. After the recalculation you will be required to repay the amount of financial aid that you were not entitled to receive.**

If you do not complete the credits that your financial aid was based on this quarter, you may have financial aid satisfactory progress problems.

**Your signature documents that you have read and understand, and accept the terms and conditions of this Attendance Declaration.** Any person who knowingly and willfully obtains any financial aid funds by fraud, false statement or forgery may be fined up to \$10,000 or imprisoned up to five years, or both.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_



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