UMASS AMHERST | School of Public Health and Health Sciences

Center for Student Success
129 Arnold House
413-545-6883

Attendance and Performance Verification Form

- Please bring the completed form to the SPHHS Academic Dean's Office in 129 Arnold House

PART 1 IS TO BE COMPLETED BY STUDENT

I. Student Information

Name: _____ Email: _____@umass.edu Date: _____

SPIRE ID: _____ Primary Major: _____ Class Year: _____

Course Department: _____ Course #: _____ Section #:_____

Semester and Year: _____ Credits _____ Lecture #: _____

PART 2 IS TO BE COMPLETED BY INSTRUCTOR

Please provide information you have about this student's performance in this course. Check the appropriate box concerning attendance and summarize information on status of course requirements. The information provided will help us make a decision in regarding the student's situation. Your assistance is greatly appreciated.

Attendance

_____ Never attended a class

_____ Stopped attending on or before the add/drop period (typically the second week of the semester).

_____ Stopped attending on or before the course withdrawal deadline (typically mid-semester).

_____ Attended beyond the mid-point of the course until approximately _____ (date)

_____ Attendance was sporadic. Please include the dates the student attended. _____

Course Requirements

Requirements completed/submitted (please list type of assignment, date, and grade):

Additional Information- Is there any other information you would like to provide?

Instructor's Name (please print)_____ Instructor's Signature_____

Title/Position _____ Campus Phone Number _____

Academic Dean's Office & Center for Student Success Use Only

Decision (Associate Dean or Director of CSS initials): Approved_____ Denied_____ Date_____

Date student was emailed of decision: _____ Initial: _____

Date for documenting decision in advising notes: _____

Comments: