



Attendance Verification -- SPRING

4435 North Chestnut
Colorado Springs, Colorado 80907
Registrar: Robin Zook
719-528-8691
Fax 719-528-7006

Student Name _____

Student Email _____ Phone _____

School Year _____ Semester _____

Circle One: PPCC UCCS CTU

**Student, please return this form
to CSEC Registrar's office by March 10.**

| Course Name (please print) | Dates of Attendance <i>Circle all dates student was in class.</i> | | The student listed above was in attendance in my course on the circled dates below. | |
|-------------------------------|--|-----------------|--|------------------------|
| | February | March | Professor Name (please print) | Professor Signature |
| | 24 25 26 27 28 29 30 | 1 2 3 4 5 6 7 8 | | |
| | 24 25 26 27 28 29 30 | 1 2 3 4 5 6 7 8 | | |
| | 24 25 26 27 28 29 30 | 1 2 3 4 5 6 7 8 | | |
| | 24 25 26 27 28 29 30 | 1 2 3 4 5 6 7 8 | | |
| | 24 25 26 27 28 29 30 | 1 2 3 4 5 6 7 8 | | |

Student: Please keep a copy of this form for your own records.
When faxing, please confirm receipt by calling 955-4675 or 528-8691.
Please take this form to the registrar's office—do not leave it in any other CSEC office.