NOTICE OF FAILED CLASS(ES)

Name: _____ _____
First Last Student Number

Did you complete the course?

□ **Yes** □ **No** Course: _____ Last Day of Attendance: _____

□ **Yes** □ **No** Course: _____ Last Day of Attendance: _____

□ **Yes** □ **No** Course: _____ Last Day of Attendance: _____

□ **Yes** □ **No** Course: _____ Last Day of Attendance: _____

I understand that it is my responsibility to inform the certifying official (VA Office – Schoolcraft College) of the last date of attendance for each failing grade I receive. If I fail to do so, the first day of class will be reported as the last day of attendance.

_____ _____
Student's Signature Date