

## Confirmation of Future Attendance Form

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Our records indicate that you have withdrawn from all courses that have already begun for the \_\_\_\_\_ semester; however, you are registered for a course(s) beginning later during this current semester. A student is not considered to have completely withdrawn from the semester if our office obtains a written confirmation that he or she will attend a class that begins later during the current semester.

Without confirmation of future attendance, a Return to Title IV (R2T4) calculation will be performed. For more information on the CT State R2T4 Policy please visit our website at: <https://ctstate.edu/financial-aid-guide/rights-responsibilities>

**Submit this form within 3 business days of withdrawing from the course(s) that have started for this semester.**

### Student Information

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\_\_\_\_\_  
Last Name                                      First Name                                      Student ID

\_\_\_\_\_  
Date of Birth                                      Daytime Phone Number                                      College Email

### Future Semester Attendance

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Please check one:

- I **DO** plan on attending classes that begin later in this semester (no more than 45 days after the end of the semester module I stopped attending). Please list course(s):
- |            |                    |
|------------|--------------------|
| CRN: _____ | Course Name: _____ |
| CRN: _____ | Course Name: _____ |
| CRN: _____ | Course Name: _____ |
| CRN: _____ | Course Name: _____ |

- I **DO NOT** plan on attending classes that begin later this current semester.

You **must** drop all future classes order to avoid being billed for classes you do not plan to attend.

### Certification

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I understand that the U.S. Department of Education provides regulations governing the awarding and disbursement of federal financial aid. These regulations impact financial aid disbursements due to dropping a course, being dropped for non-engagement, withdrawing, or receiving an unearned 'F' from one or more of my courses at CT State Community College.

I understand that in order for a Return of Title IV calculation not to be completed at this time, I am required to reaffirm my intent to attend the remaining course(s) I am registered for this semester. If I do not attend the course(s) starting later in the semester, a Return to Title IV calculation will be completed and I may owe money to the College and/or the U.S. Department of Education.

By signing below, I certify that all information reported on this form is complete and accurate. I further agree to submit any other requested documentation to substantiate this request. I understand that if I purposely give false or misleading information and/or fraudulently sign this form, I may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Name                                      Student Signature                                      Date