

Name: \_\_\_\_\_

LoLA No.: \_\_\_\_\_ Program: \_\_\_\_\_

Campus: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Course Information				
CRN Number	Course Prefix	Course Number	Number of Absences	Date of Last Attendance

**For Office Use Only** \_\_\_\_\_

\_\_\_\_\_  
**Campus Records Staff Signature**

\_\_\_\_\_  
**Financial Aid Officer's Signature**

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Date Completed**

\_\_\_\_\_  
**Date Entered into LoLA**