



ARKANSAS TECH UNIVERSITY
Financial Aid Office

1605 Coliseum Drive
Doc Bryan Student Services Bldg, Suite 117
Russellville, AR 72801

Ph: (479) 968-0399
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MEMORANDUM

Verification of Earned Grades

TO: Financial Aid

FROM: _____
Instructor

Course

STUDENT'S NAME: _____

STUDENT'S ID #: _____

By my signature below, I certify that I have documentation to support the indicated statement:

_____ The above named student completed my course but did not pass.

_____ I have documentation (attendance roster, test, completed assignment, etc.)
indicating the student was last in my class on _____.

Date

Instructor's Signature

Date

Instructor's Telephone Number