QUEENS COLLEGE

Office of the Registrar
Dining Hall, Room 128
registrar@qc.cuny.edu

VERIFICATION OF ENROLLMENT REVISION FORM

This form should be used by Queens College faculty to make a revision for the attendance roster submitted to the Registrar Office via CUNYfirst.

Instructions: Please enter the information below and put a checkmark in the appropriate box indicating the status of the student's attendance. **For security reasons, forward this form as an attachment to support.qc.cuny.edu using your Queens College Faculty account. Do not give this form to students.**

Course and Student Information

Faculty Name: _____ Department: _____

Semester/Year: _____

Course Name: _____ Class Number (4-5 digit code): _____

Student Name: _____CUNYfirst ID:_____

☐ Yes, this student attended my class, or participated in any online course-related activity, at least once within the first 3 weeks of classes during the Spring/Fall semester, or at least once within the first week of classes during the Winter/Sumer session.

☐ No, this student never attended my class, or participated in any online course-related activity.

☐ This student was registered for my class after the 3 week of classes during the Spring/Fall semester, or after the first week of classes during the Winter/Sumer session, and is currently attending.

Faculty Signature: _____ Date: _____

For Office Use Only

☐ Processed Initials: _____ Date: _____

☐ Not Processed Initials: _____ Date: _____

Notes: _____

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