

CH - ROAHOLD

Completion Information for Programs Measured in Clock Hours

Miscellaneous Form



Clock Hour Program: _____ Payment Period: _____

Section I: Instructions

Please provide the information in Section II for the students in your program that completed the payment period detailed above, sign & date Section III and return this completed form to the Financial Aid Office. Please note that a student's subsequent payment period cannot begin, for federal financial aid purposes, until the student successfully completes the clock-hours and weeks of instruction in the previous payment period.

** Successful completion means that the student has earned a passing grade or otherwise received credit for the clock-hours in the payment period.*

*** An excused absence may only be counted if a student is excused from hours that were actually scheduled, were missed, and do not have to be made up for the student to receive the certificate for the program.*

Section II: Student Information

	NAME	A#	SUCCESSFUL HOURS*	EXCUSED HOURS**	SUCCESSFUL WEEKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Section III: Sign / Date

Program Director's Signature: _____ Date: _____