



Financial Aid/EOPS Office • 2277 Napa-Vallejo Highway, Napa, CA 94558
Ph (707) 256-7300 • Toll Free (800) 826-1077 • Fax (707) 256-7309

ACADEMICALLY-RELATED ACTIVITY CERTIFICATION
Academically-Related Activity Option Expires on the last day of the semester.

Name: _____ Date: _____

SSN/SID: _____ Semester: _____

Napa Valley College is required to calculate a repayment of financial aid funds for students who cease to attend classes for which funds were paid. Students “earn” financial aid funds through “academic attendance” or “attendance at an academically-related activity.” When a student ceases to attend, any “unearned” financial aid must be repaid. The amount of the repayment is determined by the date the student stops attending.

Your repayment may be reduced or canceled if you attend an “**academically-related activity**” during the semester from which you withdrew. If you attend an eligible academically-related activity after 60% of the semester has elapsed, but before the semester ends, your repayment will be canceled.

Ask one of your instructors if you can do an academically-related activity. Take this form with you to your academically-related activity and ask your instructor to complete this form. **RETURN THE COMPLETED FORM IMMEDIATELY TO THE FINANCIAL AID/EOPS OFFICE FOR PROCESSING.**

To be completed by an Instructor Only

The student listed above has attended the following academically-related activity after the 60% point of the semester (**Please check one and describe the activity below**):

- Physical class attendance where there was direct interaction between me and the student
- Submission of an academic assignment
- Examination, interactive tutorial, or computer-assisted instruction
- Study group assigned by instructor
- Participation in online discussion about academic matters
- Contact with me to ask question(s) about an academic subject
- Other: _____

The date of this activity was (must be after the 60% point of the semester): _____

The location of this activity was: _____

Activity description: _____

Instructor’s Signature

Date Signed

Printed Name and Title

Telephone Number