

APPENDIX VIII

CONFIRMATION OF ATTENDANCE

To: Kitigan Zibi Education Sector – Post Secondary Student Support Program Office
41 Kikinamage Mikan, Maniwaki QC J9E 3B1

Tel: 819.441.1581 • Toll Free: 1.888.440.1275
Fax: 819.449.1246 • Email: post.secondary@kza.qc.ca

Date: _____

This is to confirm that _____ has attended classes on a
Student's Name
regular basis and has completed assignments on their given due dates,

until he/she officially withdrew from his/her program on: _____.
Date

for the months of _____.

Professor's Signature: _____

Professor's Name &
Telephone Number: _____

Student Name: _____

Course: _____

Term/Semester: _____

Note: This form must be fully completed in order for it to be accepted.