

ATTENDANCE ROSTER

Course Name	Course Number
Subject	Level

ASSIGNED STUDENT NUMBER	STUDENT NAMES (TYPE OR PRINT)	STUDENT SIGNATURES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

ASSIGNED STUDENT NUMBER	STUDENT NAMES (TYPE OR PRINT)	STUDENT SIGNATURES
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

I (we) certify that all of the curriculum objectives for the portion of this subject covered on this date have been taught.

_____	_____	_____
Date	Probationary Instructor's Name (print)	Probationary Instructor's Signature
_____	(If Applicable)	
Start Time		
_____	_____	_____
End Time	Certified Instructor's Name (print)	Certified Instructor's Signature