



CLASS ROSTER

Please help us maintain accurate records on your students by completely filling out this form in accordance with the instructions provided. Type or print legibly the requested information for all students. Keep a copy for your records and return original, together with completed examinations to the Educational Institute.

Return to:
Educational Institute of AH&LA
2113 N. High Street
Lansing, Michigan 48906
Phone: (517) 372-8800

Sponsor _____ Certificates and Grade Report should be sent to: _____

Course Name _____ Name _____

Final Exam Control # _____ Exam Date _____ Address _____

Instructor's Name _____
(Print exactly as you wish it to appear on your certificate)

Phone # () _____ Instructor # _____ City _____ State/County _____

Instructor's Fax Number _____ Postal Code _____ Phone# () _____

Instructors E-Mail Address _____

For Office Use Only: Customer #

#	E.I. Student # (if former E.I. Student) or School ID# if applicable	NAME List name as it should print across Certificate	Retake	#	E.I. Student # (if former E.I. Student) or School ID# if applicable	NAME List name as it should print across Certificate	Retake
0	999000000	Chris M. Jones		13			
1				14			
2				15			
3				16			
4				17			
5				18			
6				19			
7				20			
8				21			
9				22			
10				23			
11				24			
12				25			

#	E.I. Student # (if former E.I. Student) or School ID# if applicable	NAME List name as it should print across Certificate	Retake	#	E.I. Student # (if former E.I. Student) or School ID# if applicable	NAME List name as it should print across Certificate	Retake
26				50			
27				51			
28				52			
29				53			
30				54			
31				55			
32				56			
33				57			
34				58			
35				59			
36				60			
37				61			
38				62			
39				63			
40				64			
41				65			
42				66			
43				67			
44				68			
45				69			
46				70			
47				71			
48				72			
49				73			