

**Course Title:**
**Class Location:**
**Instructor:**

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**Class Start Date:**
**Class End Date:**

Final Grade		Please Print Name Last, First (MI)	Agency/Organization Individual	Signature	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday			
					Date		Date		Date		Date		Date		Date		Date			
					AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
					Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial	
1																				
2																				
3																				
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14																				
15																				

\* Instruct: Record final grades or Pass/Fail in this column.

<b>INSTRUCTOR NOTES:</b>

I certify that the above participants were present during the instruction of this class. I further certify that the listed student grades are accurate

 \_\_\_\_\_  
 Lead Instructor Signature

 \_\_\_\_\_  
 Lead Instructor Name (Print)

 \_\_\_\_\_  
 Date