

# INSTRUCTOR ATTENDANCE RECORD

CLASS NAME: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

**INSTRUCTOR:** This form should be used to record attendance at each class session. Please return the completed form promptly after the completion of the last session of your class. Any credit course meeting 8 weeks or longer MUST submit midterm grades and dates with this document.

This form is subject to a state audit.

NAME	DATE																					GRADE
	SESSIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

**VERIFICATION OF RESIDENCY:** I have verified the information on the above student's registration forms and verify that their addresses listed on the forms are also on the students driver's license and/or state ID and/or voters registration card.

INSTRUCTORS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_