TEI Name		**TEI #**	
Course Level		**Course Number**	
Start Date		**End Date**	
Instructor/KEMSIS#		**Total Students**	

Student Name	Date of Birth	Pass	Fail	Withdrew	Comments
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
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		☐	☐	☐	

I certify that the information given in this form is accurate to the best of my knowledge and recognize that falsification of this may result in discipline as stated in KRS 311A.

Signature Date