Continuing Education Course Student Roster

Course Name:		Instructor Name:	
Location:			
Date :	**Start Time:**	**End Time:**	**Total Hours:**

Course Description or Objectives:

Student Name (Print)	KEMSIS ID#	Student Signature	Affiliated Service

This form is optional and is intended for instructor use as an attendance record.
Please mark out blank lines at the conclusion of the course.

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Instructor Signature:

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