COAHOMA COMMUNITY COLLEGE/DEPARTMENT OF EDUCATIONAL OUTREACH

ATTENDANCE VERIFICATION ROSTER FOR CEUs

Program Title_____ Location_

Program Facilitator_____ Total Number of CEUs to Be Awarded

Daily attendance must be recorded. In order for a participant to receive CEUs for this program, 100% attendance is REQUIRED.

1. Insert Dates of Workshop.

2. List names of participants in alphabetical order.

3. Indicate participants' attendance by recording P for present and A for absent

5. Indicate participa	DATES		 8	F	 			
LIST NAMES BELOW						 	 	

Signature of Instructor/Facilitator

The instructor's signature verifies that the participants listed above were in 100% attendance of this program for which CEUs will be awarded.

Date