

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.

PAGE ___ of ___

Instructor Signature:
