

Continuing Education Course Student Roster



Course Name:		Instructor Name:			
Location:					
Date :		Start Time:		End Time:	
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: _____
