



### Continuing Education Course Student Roster

<b>Course Name:</b>				<b>Instructor Name:</b>			
<b>Location:</b>							
<b>Date :</b>		<b>Start Time:</b>		<b>End Time:</b>		<b>Total Hours:</b>	
<b>Course Description or Objectives:</b>							

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:  _____
------------------------------------