

**Union County College
Department of Continuing Education
Attendance Sheet**

Semester and Year: _____
 Course Code: _____
 Title: _____
 Instructor: _____
 Campus: _____

Dates: _____
 Time: _____
 Day: _____
 Room: _____

Session	1	2	3	4	5	6	7	8	9	10	Final Grade
Date											
# CWID Student Name											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

A = Absent / = Present
 Please take attendance ACCURATELY at each session
 Please return SIGNED report at the completion of each course
 * Instructor Please Date Each Class Session!!!!

 Instructor Signature