



School of Continuing Education

801 W. Fort Street
 Detroit, MI 48226
 Phone: 313-496-2704
 Fax: 313-964-1487

Course Name: _____

Course Number: _____

CRN#: _____

Start Date: _____

End Date: _____

Contact Hours: _____

Student Attendance Chart

 Instructor's Name (please type or print legibly)

 Instructor's Signature

 Date:

		Sessions			Sessions			Sessions			Sessions			Sessions				
Participant Name (printed)		Phone Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
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10																		
11																		
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