

CWU CLOCK HOUR CLASS ATTENDANCE ROSTER

Course or Program Title: _____	Max Clock Hours Available: _____
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Instructor Name: _____ Date of Completion: _____ Sponsoring Agency: _____

	Name of Attendees	Mailing Address	District of Employment	Hours Granted	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Instructor must sign & date to signify that this form is accurate as received: _____