



Weekly Attendance Sheets

Name _____
Quarter _____

SID _____
Date _____

Instructors: Please feel free to make brief comments.

Every day of class you will need to have each of your instructors sign this form indicating that you have attended their course each day.
Each Friday bring this form back to the Counseling Office.

Course Title: _____

Monday	time _____ to _____	
_____ Instructor's Signature		
Tuesday	time _____ to _____	
_____ Instructor's Signature		
Wednesday	time _____ to _____	
_____ Instructor's Signature		
Thursday	time _____ to _____	
_____ Instructor's Signature		
Friday	time _____ to _____	
_____ Instructor's Signature		

Comments:

Course Title: _____

Monday	time _____ to _____	
_____ Instructor's Signature		
Tuesday	time _____ to _____	
_____ Instructor's Signature		
Wednesday	time _____ to _____	
_____ Instructor's Signature		
Thursday	time _____ to _____	
_____ Instructor's Signature		
Friday	time _____ to _____	
_____ Instructor's Signature		

Comments:

Course Title: _____

Monday	time _____ to _____	
_____ Instructor's Signature		
Tuesday	time _____ to _____	
_____ Instructor's Signature		
Wednesday	time _____ to _____	
_____ Instructor's Signature		
Thursday	time _____ to _____	
_____ Instructor's Signature		
Friday	time _____ to _____	
_____ Instructor's Signature		

Comments: