Record of Attendance

Record of attendance for personal performance credit for Clarion University Virtual Campus Students –only.

Student Name _____

Student ID _____

Date	Time In / Out	Activity	Initials

I _____(instructor name) attest that _____(student) completed _____ hours of _____ class at _____(name of location). I was the instructor for this class.

Instructor Contact Phone # _____

Signature of Instructor _____