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|  | Community Education  *A division of Workforce & Economic Development* |
| 3171 S. Bundy Drive, Los Angeles, CA 90066  310-434-3400 • commed@smc.edu |

This form is used by students who need an official letter from Community Education; please follow the instruction below:

**Student:** It is your responsibility to attend the class and make sure the form is initialed by you and your instructor every class. Upon the completion of the course, please bring the completed form to our office at Bundy Campus, Room 112.

***The turnaround time to generate a letter of verification is five business days, please plan ahead.***

**Instructor**: Please initial weekly to confirm student’s attendance in the class, and sign off on the bottom at the conclusion of the course. If you have any additional comment regarding student’s attendance please use the additional comment section.

**Attendance Verification Form**

*One form per class*

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS NAME:** | | | |
| **INSTRUCTOR NAME:**  *Please Print* | | | |
| **STUDENT NAME:**  *Please Print* | | | |
| **Student Phone#** ( )  **Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Student Mailing Address:** | |
| Week | Date (dd/mm/year) | Instructor Initials | Student Initials |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  |  |  |  |
| I certify that the student has completed this class.  Instructor’s signature Date | | | |
| **Additional Comment by Instructor:** | | | |