



Workforce Education Center CLASS ATTENDANCE REPORT

Student's Name: _____

SID: _____

Instructor:

Please verify the student named above has regularly attended class during the dates listed below. Your cooperation will help the student in meeting WEC program requirements.

Quarter	Class/Practicum/Clinical	Instructor Name	Instructor Signature
<i>Example: Fall 2025</i>	<i>BUS 120</i>	<i>Koopman</i>	<i>S Koopman</i>

If you have any questions, please contact the Workforce Education Center at (509) 544-4981 [ext. 2981]

Student:

Indicate the location or address of class/lab/clinical:

Submit your completed Class Attendance Report, a copy of your valid driver's license, and a copy of your valid auto insurance with your Travel Reimbursement application (found online [here](#)).