



CUNY EDGE Engagement Workshop Attendance

Student Name: _____ EMPL ID: _____



Date:

Course Name:

Course Provider Signature: _____ Date: _____

Date:

Course Name:

Course Provider Signature: _____ Date: _____

Date:

Course Name:

Course Provider Signature: _____ Date: _____

I certify that the course and hours indicated are true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

CUNY EDGE Staff Signature: _____ Date: _____