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: ___________