CUNY EDGE – Job Readiness Workshop
Attendance

Student Name: _________________________     EMPL ID: ___________

Date:
Course Name:  HRA WS Orientation
Course Provider Signature: ___________________________   Date:  ___________

Date:
Course Name:
Course Provider Signature: ___________________________   Date:  ___________

Date:
Course Name:
Course Provider Signature: ___________________________   Date:  ___________

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

Student Signature: _______________________________         Date:  _____________

CUNY EDGE Staff Signature: ___________________________   Date:  ___________