



Class Attendance Roster

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FSC #:	Class Month:												
Course Name:	Day:												
Instructor(s): *Lead Instructor must sign below.													
1. _____													
2. _____													
Student Name												P/F/I	
26.													
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**By signing this course roster, the Lead Instructor is attesting that all listed information is accurate, students listed as passing have met all course objectives, and that all documentation is in compliance with Bucks County Community College policies and procedures.*

Lead Instructor Signature: _____

Date: _____