



Attendance Verification -- CTU September

4435 North Chestnut
 Colorado Springs, Colorado 80907
 Registrar: Robin Zook
 719-528-8691
 Fax 719-528-7006

Student Name _____

Student Email _____ Phone _____

School Year _____ Semester _____

Circle One: PPCC UCCS CTU

**Student, please return this form in person, by mail or fax
to CSEC Registrar by October 1.**

Course Name (please print)	Dates of Attendance <i>Circle all dates student was in class.</i>	The student listed above was in attendance in my course on the circled dates below.	
	September	Professor Name (please print)	Professor Signature
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		



Attendance Verification -- CTU October

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Course Name (please print)	Dates of Attendance <i>Circle all dates student was in class.</i>	The student listed above was in attendance in my course on the circled dates below.	
	October	Professor Name (please print)	Professor Signature
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
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