



Centre County Public Safety Training Center
 540 North Harrison Road
 Pleasant Gap PA, 16823

Class Attendance Roster
 Page 1 of 2

Class Month:													
Course Name:	Day:												
Instructor(s): *Lead Instructor must sign below.													
1.													
2.													
Student Name													P/F/I
1.													
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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 Centre County Public Safety Training Centre and procedures.*

Lead Instructor Signature: _____

Date: _____



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Pass – the student attended the required training sessions and successfully completed all course objectives. **Fail** – the student attended the required training sessions but did not successfully complete all course objectives. **Incomplete** – the student did not attend all required training sessions.

Class Attendance Roster

Page 2 of 2

FSC #:	Class Month:											
Course Name:	Day:											
Instructor(s): *Lead Instructor must sign below.												
1.												
2.												
Student Name												P/F/I
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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 Centre County Public Safety Training Centre and procedures.*

Lead Instructor Signature: _____

Date: _____

