

# TRA ATTENDANCE FORM

## New River Community College

STUDENT'S NAME \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

Beginning Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To

Ending Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

| MONDAY       |            |               | TUESDAY     |            |               | WEDNESDAY    |            |               | THURSDAY     |            |               | FRIDAY       |            |               | SATURDAY     |            |               |
|--------------|------------|---------------|-------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|
| Class Starts | Class Ends | Inst. Initial | Class Start | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial |
|              |            |               |             |            |               |              |            |               |              |            |               |              |            |               |              |            |               |
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|              |            |               |             |            |               |              |            |               |              |            |               |              |            |               |              |            |               |

| MONDAY       |            |               | TUESDAY      |            |               | WEDNESDAY    |            |               | THURSDAY     |            |               | FRIDAY       |            |               | SATURDAY     |            |               |
|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|--------------|------------|---------------|
| Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial | Class Starts | Class Ends | Inst. Initial |
|              |            |               |              |            |               |              |            |               |              |            |               |              |            |               |              |            |               |
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|              |            |               |              |            |               |              |            |               |              |            |               |              |            |               |              |            |               |

I certify that the above hours are correct \_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date