

Student Attendance Form

EDGO Course Number _____

Total Cumulative Hours: _____

Student Name: _____

Phone Number: _____

E-Mail: _____

Address: _____

City: _____

State & Zip: _____

Online Activity Verification

Week 1	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Week 2	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Week 3	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Week 4	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Week 5	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Week 6	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Login	Logout	Total Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours											

Total Cumulative Hours _____

For Office Use only: Date received: _____

Date Received: _____

Received by: _____