CAMPUS: ___________________________  ROOM: ________________________________
A:AMMERMAN  E:EASTERN  Y:SAYVILLE
W:WESTERN  D:DOWNTOWN  R:RIVERHEAD

CRN: _______________________________  BEGINNING DATE: ______/_____/______

SEMESTER: _________________________  ENDING DATE: ______/_____/______
1-INTERSESSION  2-SPRING  6-SUMMER  9-FALL

COURSE TITLE: __________________________________________

INSTRUCTOR’S NAME  INSTRUCTOR’S COLLEGE ID
____________________________________     ________________________________________
LAST           FIRST

ALL OF THE INFORMATION REQUESTED ABOVE MUST BE PROVIDED

To the Instructor:

When the course is completed sign and date this roster in the spaces provided below. Your signature will affirm that all students successfully completed the course requirements. List any exceptions below.

INSTRUCTOR’S SIGNATURE: ________________________________ DATE ______/_____/______

EXCEPTIONS:

<table>
<thead>
<tr>
<th>NAME</th>
<th>COLLEGE ID</th>
<th>NAME</th>
<th>COLLEGE ID</th>
<th>NAME</th>
<th>COLLEGE ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ALL NON-CREDIT COURSE ROSTERS ARE TO BE RETURNED TO THE OFFICE OF CONTINUING EDUCATION, NORTH BUILDING, AMMERMAN CAMPUS, NO LATER THEN ONE WEEK AFTER COMPLETION OF THE COURSE.