



Clock Hours Reporting Form

Name: _____ Student ID # (if known) : _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Washington Certificate Number: _____

Student's Responsibility:

1. Register for Clock Hours class #7389. The class fee of \$15 is due at the time of registration. This will cover any classes you take during the quarter.
2. Complete this form with the Course, Title, Item Number, Start/End Dates, and Location. The # of Clock Hours earned will be completed by the Clock Hours Administrator.
3. Obtain the instructor's signature on this form at the last day of class.
4. Return the completed form (within 3 working days of course completion) to: Continuing Education, North Seattle Community College, 9600 College Way North, Seattle, WA 98103.
5. The Clock Hours Administrator will sign the form and award you the number of Clock Hours earned by returning the original form.

Please note: To be awarded Clock Hours, you must attend all class sessions and pay a non-refundable fee of \$15 in advance for the administration of Clock Hours.

Course Title	Item Number	Start/End Dates	Location	# of Clock Hours Earned (completed by CH Administrator)

I attest to the accuracy of the information above. This student attended all class sessions and has satisfactorily completed this course.

Instructor Signature: _____ Date: _____

Printed Name of Instructor: _____

CE Administrator Signature: _____ Date: _____