



**CAREER TRANSITIONS
SPONSORSHIP TIME REPORT
INSTRUCTOR SIGNATURE PAGE**

STUDENT NAME _____ **MONTH** _____

INSTRUCTORS: PLEASE INITIAL EACH DATE THAT THE STUDENT ATTENDS YOUR CLASS AND SIGN YOUR NAME BELOW AT THE END OF THE TWO WEEK PERIOD.

DATE

NAME OF CLASS AND TIME

1						
2						
3						
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15						

FACULTY SIGNATURES:

