

EMERGENCY MANAGEMENT DIVISION

GSAR CLASS ROSTER

COURSE CODE & NAME: SAR GROUP:			COURSE DATE(S):		COURSE LOCATION:					
		LEAD INSTRUCTOR:		ASSISTANT INSTRUCTORS:						
PLEA	SE PRINT CLEARLY		ores for each assessment and total final ark of 70% or above on the final exam ir				essary. S	tudents r	must pass	
#	LAST NAME	FIRST NAME			ASSESSMENTS					
			EMAIL ADDRESS	Ехам	PRACTICALS (P/F)				GRADE (P/F)	
				(%)	P1	P2	P3	P4	(P/F)	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
12										



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FOR ADMINISTATIVE PURPOSES ONLY – to be Completed by the Lead Instructor.

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	LAST NAME	FIRST NAME	EMAIL ADDRESS		FINAL				
#				EXAM (%)	PRACTICALS (P/F)				GRADE
					P1	P2	P3	P4	(P/F)
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
							1		

Instructor Acknowledgement: By signing I acknowledge that the students listed above have attended the course and achieved the above grades.

Approved JIBC (Initials) Date Student Records Updated (Initials)

Signature of Lead Instructor Date