## INFORMATION FOR THE INSTRUCTOR FIRE-101-S088-2015 Upon completion please return to the regional office. **CLASS DATA** Number of Students Registered 6 Number of Students Successfully Completing Number of Students Failing Exam Number of Students Incomplete TOTAL NUMBER OF STUDENT HOURS **INSTRUCTOR NAMES SIGNATURE HOURS KEY** SESSION DATE **HRS** H L M P R S \_\_\_\_\_ H L M P R S \_\_\_\_\_ H L M P R S H L M P R S \_\_\_\_\_ H L M P R S \_\_\_\_\_ HLMPRS \_\_\_\_ H L M P R S \_\_\_\_\_ H L M P R S \_\_\_\_\_ HLMPRS \_\_\_\_ HLMPRS \_\_\_\_ H L M P R S \_\_\_\_\_ H L M P R S \_\_\_\_\_ HLMPRS \_\_\_\_ HLMPRS \_\_\_\_\_ HLMPRS \_\_\_\_ H L M P R S \_\_\_\_\_ HLMPRS \_\_\_\_ H L M P R S \_\_\_\_\_ HLMPRS \_\_\_\_\_ H L M P R S \_\_\_\_\_

 $Check\ appropriate\ Hours\ Key\ box:\ H\ -\ Hours\ Only,\ L\ -\ Lead,\ M\ -\ Mentor,\ P\ -\ Proctor,\ R\ -\ Reader,\ S\ -\ Support\ Proctor,\ R\ -\ R\$ 

## LEAD INSTRUCTOR VERIFICATION

I certify that the information on this form is correct.

| Instructor's Name      | Thomas G Sweeting | Hours Taught |
|------------------------|-------------------|--------------|
| University ID Number   | 106481864         |              |
| Instructor's Signature |                   | Date         |