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Department of Post-Secondary Education, Training and Labour

Training and Skills Development (TSD) Attendance and Progress Report

Important: It is a TSD requirement that the Attendance and Progress Report be submitted by the due dates indicated below. Failure to provide the report on time will result in the review of the student's Employment Action Plan and could result in a reduction or cancelation of the TSD contract and funding.

Whynot Peter 836 Institution and Program/Course Information Name of Institution NBCC-Moncton Name of Program/Course IT: Web and Mobile Application Development Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of dayses) # of Day		
Client information Last Name Fifst Name Initials Last three digitation Whynot Peter **836** **Peter** **Pet		Numb
Whynot Peter 836 Institution and Program/Course Information Name of Institution NBCC-Moncton Name of Program/Course IT: Web and Mobile Application Development Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of # of Day classes)	its of Social Insurance I	Numb
Whynot Peter 836 Institution and Program/Course Information Name of Institution NBCC-Moncton Name of Program/Course IT: Web and Mobile Application Development Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of classes) # of Day	its of Social Insurance	Numb
Name of Institution Name of Institution NBCC-Moncton Name of Program/Course IT: Web and Mobile Application Development Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of classes) # of Day		
Name of Institution NBCC-Moncton IT: Web and Mobile Application Development Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of # of Day classes)		
Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of # of Day classes)		
Number of days or classes missed (if not full days, then indicate the number of # of Day		- MOS.CO.
classes) # 01 Day		* 6 ° 10 ° 1 ° 10 ° 10 ° 10 ° 10 ° 10 ° 1
	# of Classes	2
Any difficulties/barriers in any subject that may affect the ability to pass and yes successfully complete the program/course on time? If yes, comment below.	☐ No	
Please include a transcript or unofficial record of marks to date. If not available, Included lease indicate the date it will become available.	Not Included	
Date: (Y	YYY/MM/DD)	06
Are there any other issues/concerns that need to be addressed? If yes, comment $_{ m Yes}$	☐ No	L
Comments:		

AP Rpt:		

Address	anv	question/concerns	to:

Name of Employment Counselor

E-mail address

Estelle Cormier

estelle.cormier@gnb.ca

Telephone Number

Fax Number

(506) 523-7649

Please return completed report to the student.

THETOLUTOR

Printed name of School Official

School Of

Title

Telephone number

2023-02-0

Date

CONFIDENTIALITY CLAUSE

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