



Please Circle Appropriate

RET Course

1024C 1026C 1485 2483 2714

Written Test: 1..2...3...4...5....Final

Lab Test: 1...2...Final

Lab Sign In/Out

Student Name: _____ Test Date: _____ Month: _____

	Date	Time In	Time Out	Skills Worked On	Instructor Initials	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Weekly Total Hours: _____

Test Date: _____ Month: _____

	Date	Time In	Time Out	Skills Worked On	Instructor Initials	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Weekly Total Hours: _____



Student Name: _____ Test Date: _____ Month: _____

	Date	Time In	Time Out	Skills Worked On	Instructor Initials	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Weekly Total Hours: _____

Test Date: _____ Month: _____

	Date	Time In	Time Out	Skills Worked On	Instructor Initials	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Weekly Total Hours: _____

By signing below, I affirm the above information is correct and accurate. Furthermore, I am stating that I appropriately used my lab time as documented.

Name: _____ Date: _____