GLENDALE COMMUNITY COLLEGE TAA VERIFICATION OF ATTENDANCE AND PROGRESS

Glendale Community College ◆ Garfield Campus ◆ 1122 E. Garfield Ave., Glendale, CA 91205 ◆ (818) 240-1000, extension 5846

Name:	Start Date for Week:	End Date for Week:	Week #:
Term: ☐ Spring ☐ Summer ☐ Fall ☐ Winter	Year:	Today's Date:	

	Morning			Afternoon			Evening			Tot. Hours
	Start and End Times	**Course Name**	**Instructor Signature (or write "Absent.")**	**Start and End Times**	**Course Name**	**Instructor Signature (or write "Absent.")**	**Start and End Times**	**Course Name**	**Instructor Signature (or write "Absent.")**	
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.							Total Hours for this Week			

I affirm that the information above is true and correct…….. TAA Student Signature: _____ Date: _____

At the end of every week, please ask each of your instructors to complete one row below.

Course Name	*(Please circle one)* This student's progress this week has been:			Instructor Signature	Date
	Slow	Good	Excellent		
	Slow	Good	Excellent		
	Slow	Good	Excellent		
	Slow	Good	Excellent		
	Slow	Good	Excellent		