Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This certifies that the student listed above has attended class for the entirety of the week listed below.

|  |  |
| --- | --- |
| **Date** | **Professor’s Signature** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |