

Suffolk



COUNTY COMMUNITY COLLEGE
NON – CREDIT COURSE COMPLETION CERTIFICATE

CAMPUS: _____
 A:AMMERMAN E:EASTERN Y:SAYVILLE
 W:WESTERN D:DOWNTOWN R:RIVERHEAD

ROOM: _____

CRN: _____

BEGINNING DATE: ____/____/____

SEMESTER: _____
 1-INTERSESSION 2-SPRING 6-SUMMER 9-FALL

ENDING DATE: ____/____/____

COURSE TITLE: _____

INSTRUCTOR'S NAME

INSTRUCTOR'S COLLEGE ID

 LAST

 FIRST

ALL OF THE INFORMATION REQUESTED ABOVE MUST BE PROVIDED

To the Instructor:

When the course is completed sign and date this roster in the spaces provided below. Your signature will affirm that all students successfully completed the course requirements. List any exceptions below.

INSTRUCTOR'S SIGNATURE: _____ DATE ____/____/____

EXCEPTIONS:

NAME	COLLEGE ID	NAME	COLLEGE ID
NAME	COLLEGE ID	NAME	COLLEGE ID
NAME	COLLEGE ID	NAME	COLLEGE ID

ALL NON-CREDIT COURSE ROSTERS ARE TO BE RETURNED TO THE OFFICE OF CONTINUING EDUCATION, ANNEX, AMMERMAN CAMPUS, NO LATER THAN ONE WEEK AFTER COMPLETION OF THE COURSE.