

GLT use:
 File#: _____
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 BR TR

INDIVIDUAL STUDENT SIGN-IN SHEET

Instructor Name: _____	Class # : _____
Instructor ID #: _____	Student Name: _____
Language: _____	Company: _____
Location (State & Country): _____	Total Hours Approved: _____

PREVIOUS CUMULATIVE HOURS:

DATE	STUDENT'S SIGNATURE	START / END TIMES (LABEL AM, PM, OR USE 24-HOUR CLOCK)				LESSON DURATION
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
		Start		End		
TOTAL HOURS PER THIS SIGN-IN SHEET:						

*Please type or print clearly in Dark Blue or Black Ink

**All Fields are required to be completed