

Attendance Record of In-house Faculty Instructional Development Workshops

Faculty name _____

No	Workshop title	Date	Moderator's signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I certify that I have attended the above sessions.

Signature of attending faculty _____ Date _____

At the end of the semester, submit this form to your Division Chair together with a brief description of what you learned from each session.