FMD-200 (03/01/02)
Michigan State Police
MI Fire Fighters Training Council

ATTENDANCE ROSTER

Course Name _____ Course Number _____

Subject _____ Level _____

ASSIGNED STUDENT NUMBER	STUDENT NAMES (TYPE OR PRINT)	STUDENT SIGNATURES
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NOTE: Instructor signature required on back of form.

ASSIGNED STUDENT NUMBER	STUDENT NAMES (TYPE OR PRINT)	STUDENT SIGNATURES
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I (we) certify that all of the curriculum objectives for the portion of this subject covered on this date have been taught.

Date	Probationary Instructor's Name (print) (If Applicable)	Probationary Instructor's Signature
Start Time		
End Time	Certified Instructor's Name (print)	Certified Instructor's Signature