

# TLT Academic Credit Grade Book

# TLT Workshop Attendance



Workshop Name \_\_\_\_\_

Instructor Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Directions** All Mentors and TLTs attending this workshop must sign in. Please print.

Name	Club Name
1. _____	_____
2. _____	_____
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