

Modular Course of Study Module Completion Report

Module Title: _____

Module Dates: Begin _____ End _____

Sponsoring District or Educational Provider: _____

Instructor's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

The following students have successfully completed all requirements for this module including

- **Attending the minimum number of lessons as stated in the module syllabus,**
- **Actively participating in classroom learning activities,**
- **Successfully completing all assigned homework, and**
- **Completing other requirements as stated in the module syllabus.**

Students:

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

Instructor's Signature: _____ Date: _____