



Clock Hours Reporting Form

Name: _____ CtcLink ID/Student ID No. (If known): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Student’s Responsibility:

1. Register for Clock Hours Fee – This will cover any class(es) you take during the quarter.
2. Fill in the **Quarter Information** *and* **Course Information Table** from below.
3. Have your instructor(s) sign this form on the last day of class(es).
 - *Instructor signatures will need to be done on the back side of this page.*
4. Return the completed form (Within 10 business days after course completion) via **email** or **physical mail/In-Person** to the following:
 - **Email** = conted@seattlecolleges.edu
 - **Physical Mail/In-Person** = North Seattle College, ATTN: Continuing Education, 9600 College Way North, Seattle, WA 98103.
5. Please allow 10 business days for the processing of Clock Hours.

Quarter Information:

Quarter (Select one): Fall Winter Spring Summer Year (YYYY): _____

Course Information:

Course Title (e.g. 3D Animal Woodcarving)	Item #: (e.g. 12345)



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FOR INSTRUCTORS ONLY:

I attest to the accuracy of the information on the other side of this page. The student **attended all class sessions** and has satisfactorily completed this course.

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Instructor's Name: _____

Instructor's Signature: _____ Date: _____