



Course Number: _____ Date: _____ Time: _____

INVIGILATOR(S): _____

LOCATION: _____

TOTAL NUMBER OF SIGNATURES: _____ TOTAL NUMBER OF SCRIPTS: _____

INVIGILATOR(S): PLEASE REMEMBER TO HAND YOUR ATTENDANCE SHEETS INTO YOUR RESPECTIVE DEPARTMENT(S).

If no UofM ID card is presented, indicate what ID has been presented

Seat No.	Student Name (Please Print)	Student Number	Student Signature	Inv Use	Invigilator Comments	
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15
						16
						17
						18
						19
						20
					TOTAL	



Seat No.	Student Name (Please Print)	Student Number	Student Signature	Inv Use	Invigilator Comments	
						21
						22
						23
						24
						25
						26
						27
						28
						29
						30
						31
						32
						33
						34
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						43
						44
						45
						46
						47
						48
						49
						50
					TOTAL	