



Instructor Completion Form
BRB Registered Apprenticeship

Please return this completed form
by mail **after** the class is completed
to:

Josey Heller, Outreach Education
NCKTC - PO Box 507
Beloit, KS 67420

Class Information

Class/Course Name _____

Please check the class/course to the right to correspond with the above information.

Start Date _____ End Date _____

Number of Students _____ Facility Name _____

Instructor Name _____

Instructor Phone Number _____

Instructor Address _____ City _____ State _____

Zip _____ Instructor Email _____

Instructor Signature _____ Date _____

PLEASE PROVIDE A LIST OF ALL STUDENTS WHO ATTENDED THIS CLASS ON THE BACK OF THIS FORM.
PLEASE INDICATE IF THE STUDENT PASSED, FAILED, OR DROPPED THE CLASS. THIS CLASS STUDENT
ROSTER NEEDS TO MATCH THE ROSTER SUBMITTED ON THE CLASS/COURSE SCHEDULING FORM
BEFORE THE CLASS BEGAN.

