GED Attendance Verification

GED Program Provider: _____

Semester Begin Date: _____ Semester End Date: _____

Student Name	Month	Total Attendance Hours	Currently Enrolled (Y/N)	If not enrolled, last date attended

The information provided on this form will be used solely for required reporting and performance tracking for the NCWorks WIOA NextGen Program.

Training Provider Name: _____ Job Title: _____

Training Provider Signature: _____ Date: _____