

Roster

Class:	
Date/Time:	
Location:	
Instructor:	Signature*:
Topics:	

Name (Please print legal name)	UCR Email**	UCR NetID***	Signature

*Instructor Signature: By my signature I certify that the individuals on this roster have successfully passed the course (assessment). **UCR Email: Enter your email as <u>flast001@ucr.edu</u> (for students) or <u>first.last@ucr.edu</u> (for staff or faculty). ***UCR NetID: Enter your Student ID, Employee ID, or Date of Birth. ****Instructions: Submit this form to EH&S Training by campus mail, fax (951) 827-5528, or email <u>ehstraining@ucr.edu</u>.