



# Completion Roster

|                         |           |
|-------------------------|-----------|
| Instructor:             | STARS #:  |
| County:                 | Semester: |
| Course Completion Date: |           |

| COMPLETED STUDENTS | WV STARS # | FINAL GRADE & PERCENTAGE |
|--------------------|------------|--------------------------|
| 1)                 |            |                          |
| 2)                 |            |                          |
| 3)                 |            |                          |
| 4)                 |            |                          |
| 5)                 |            |                          |
| 6)                 |            |                          |
| 7)                 |            |                          |
| 8)                 |            |                          |
| 9)                 |            |                          |
| 10)                |            |                          |
| 11)                |            |                          |
| 12)                |            |                          |
| 13)                |            |                          |
| 14)                |            |                          |
| 15)                |            |                          |
| 16)                |            |                          |
| 17)                |            |                          |
| 18)                |            |                          |
| 19)                |            |                          |
| 20)                |            |                          |
| 21)                |            |                          |

| NON-COMPLETED STUDENTS | LAST DATE IN CLASS | REASON FOR LEAVING |
|------------------------|--------------------|--------------------|
| 1)                     |                    |                    |
| 2)                     |                    |                    |
| 3)                     |                    |                    |
| 4)                     |                    |                    |
| 5)                     |                    |                    |

Instructor Signature

Date

Submit completed form to:  
 Sherrie Myers, ACDS State Coordinator  
 611 7<sup>th</sup> Avenue Suite 208  
 Huntington, WV 25701

|                 |      |          |
|-----------------|------|----------|
| Office Use Only | Date | Initials |
| Scanned         |      |          |
| Entered         |      |          |