



Certificate of Attendance

for

OLLI at ASU Student (Full Name): _____

Class Title: _____

Date(s)	Non-Credit Seat Hours	Attended*	Class Description:
			Class Location:

**To be completed by an OLLI at ASU coordinator*

Total professional development seat hours: _____

OLLI at ASU Coordinator (_____)

Email: _____

Website: lifelonglearning.asu.edu

Phone: 602.543.6440



Date