

CONFIRMATION OF ATTENDANCE

Course Title:	Dates:
Name:	

To maintain a proper student/instructor ratio, courses are assigned a certain seating capacity which, at times, results in a backlog of applications on file for the particular course.

To assist us in providing timely training and ensuring class capacity we ask that you let us know **twenty (20) working days** in advance of the scheduled training if your employee will NOT be able to attend.

Your cooperation will allow us the time to offer the training to another applicant.

- Will Attend Will NOT Attend
- Will need Dorm Room Will NOT need Dorm Room

T-shirt Size:

Student has completed their ACADIS portal access and can access their account

AUTHORIZING SUPERVISOR

Signature and Title	Date:
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Failure to COMPLETE and RETURN/UPLOAD this form 20 days in advance of the scheduled date of the training will result in this slot being filled by another applicant.

Any questions may be emailed to Shannon.McCuin@arkansas.gov