



Advanced University Teaching Preparation Certificate

Personal Attendance Tracking Form

Name: _____

Student ID: _____

Department: _____

Certificate Enrollment Date: _____

Workshops

Workshop Title:	
Instructor:	
Date:	
Stream:	

Workshop Title:	
Instructor:	
Date:	
Stream:	

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Instructor:	
Date:	
Stream:	

Workshop Title:	
Instructor:	
Date:	
Stream:	

Microteaching / In-Class Observation

First Session

Date:	
Instructors:	

Second Session

Date:	
Instructors:	

Teaching Reflection (date submitted):

Teaching Dossier (date submitted):

Notes: