Northwestern Michigan College

Official SCECH Course Log

Name: _____

Email: _____

Course Title: _____

Instructor: _____

Start Date (mm/dd/yyyy): _____

Please send completed log to:

NMC Extended Education Services
1701 E. Front St.
Traverse City, MI 49686

**** This course is approved for _____ SCECHs. Please make sure your time entries are accurate.***

Date (mm/dd/yyyy)	Start Time (a.m. p.m.)	End Time (a.m. p.m.)	Time Subtotal
		Time Total:	

Signature: _____ **Date:**_____

Printed Name: _____ **PIC #:** _____

For NMC Use Only

_____ Received date

____ 24 hours
____ Final (=80%+)
____ Input MDE

____ (#)__ Quizzes
____ Course Evaluation
____ Initials