

Ministry of Education

Teacher attendance at University of Guyana Timetable

Academic year..... Semester.....

Name of Teacher..... Name of School

Region..... Programme.....

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:15					
9:15					
10:15					
11:15					
12:15					
13:15					
14:15					
15:15					
16:15					
17:15					
18:15					
19:15					
20:15					

Signature of Lecturers/Tutors *

Course	Signature
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I hereby certify that I am attending classes as stated above:

.....
Signature of Teacher

Signature and Stamp of Dean.....

The above teacher is attending classes at stated above

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Signature and stamp of Head Teacher/Principal/Administrator

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Signature and stamp of Principal Education Officer/Regional Education Officer/Assistant Chief Education Officer (T)

Approval from the Ministry of Education.....