

Royal University of Scir Hafoc

Session:

Date:

Group/Location:

Class		Class Number:
Class Location:		Class length:
# of Students attending Class	Instructor:	Time:
	Modern Name:	Address:

Please Print Clearly. Please Sign in. Place an asterisk (*) by your name if you want to receive RUSH Credit.

SCA Name		Modern Name
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Don't forget to keep track of your credits on you Student Form. Thank you from the RUSH Staff.