# INTERNATIONAL COLLEGE OF BIBLE THEOLOGY INSTRUCTOR CLASS RECORD

CLASS ID: _____ INSTRUCTOR: _____ CAMPUS ☐Crewe ☐Petersburg ☐Williamsburg

PETERSBURG VA REGION

YEAR
Trimester: _____
☐FALL ☐WINTER
☐SPRING ☐SUMMER

DATE MONTH / DAY

| | | | | | | | HOMEWORK Number | HOMEWORK Number | HOMEWORK Number | HOMEWORK Number | HOMEWORK Number | QUIZZES Number | QUIZZES Number | QUIZZES Number | QUIZZES Number | QUIZZES Number | MID TERM | FINAL EXAM | READING LOG | TERM PAPER | FINAL GRADE |
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*Paid in Full*

Notes: Book fees must be paid immediately upon registration. Those who already have a book are exempt from this requirement.

Instructor: This form should be used to record class data at each session. Please return this completed form promptly at Trimester completion. This form is subject to a state audit.

ICBT Form Revised 03/2004