



The Confederated Tribes of the Grand Ronde Community of Oregon

Education Division – Higher Education Programs
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Umpqua • Molalla • Rogue River • Kalapuya • Chasta

NONCREDIT PROGRAM

CERTIFICATION OF ATTENDANCE

Participant Name: _____

Activity: _____

Location: _____

Date(s) _____

I certify that the participant named above attended and, as appropriate to the activity, successfully completed the activity shown.

Instructor/Coordinator

Date

Phone

Email