



CATHOLIC DIOCESE OF PITTSBURGH • Secretariat for Leadership Development and Evangelization
 Department for Family, Youth and Catholic School Ministries

THIS FORM MAY BE COPIED AS NEEDED.

COURSE ROSTER FOR ELECTIVE CREDIT

Course Name: _____ Total hours: _____

Host Site (parish/school): _____ Vicariate: _____

Start date: _____ End date: _____ # sessions: _____

Master Catechist/s: _____

Please print in alphabetical order the names of all who successfully completed this course.

This form, including all attendee information, must be completed in its entirety & signed by the Master Catechist.

LAST NAME, FIRST NAME	HOME ADDRESS	PHONE NO.	E-MAIL ADDRESS	PARISH / SCHOOL	*RE OR CS	LAST 4 OF SSN

*INDICATE APPROPRIATE DESIGNATION FOR EACH CATECHIST: RE: RELIGIOUS EDUCATION CATECHIST (INCLUDES ELEMENTARY, YOUTH MINISTRY, ADULT)
 CS: CATHOLIC SCHOOL TEACHER

Signature/s of Master Catechist/s: _____

SIGNATURE OF AT LEAST ONE MASTER CATECHIST IS REQUIRED FOR ISSUANCE OF COURSE CREDIT. IF MULTIPLE PAGES, EACH PAGE MUST BE SIGNED.