Rhode Isalnd Department of Business Regulation
Division of Banking

Date Submitted :

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Course Attendance Roster must be submitted within 30 days of course completion

Course Provider Information:
Name:
Address:
Telephone No.:

Direct questions regarding Rosters to
Name:
Telephone No.:
Email Address:

Provider Number if applicable:

Course Title: INSERT COURSE TITLE AND NUMBER OF CREDIT HOURS TO BE AWARDED

	Student's Last Name	Student's First Name	Mortgage Loan Originator License No.	Affiliated Lender/Loan Broker License No.	Affilated Lender/Loan BrokerCompany Name	Affiliated Lender/Loan Company Address	Attendance Date(s)	Course Method	Course Grade Actual Score	Credit Hours Earned
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