

Workshop Verification Form

This form is to be used only for NON-SSS facilitated workshops.

Student Information:

Full Name: _____

Student ID: _____ Phone #: _____

Workshop Information:

Title: _____

Date: _____ Time: _____ Location: _____

Presenter/Verifier Information:

Full Name: _____

Department: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____

By signing this form, you are certifying the above student attended this workshop.

Please attach a copy of the flyer (PREFERRED), printouts, or any relevant material to this verification.

NOTE: Please ensure this workshop has been approved by your academic advisor/director in Student Support Services to ensure it will be validated as an academic related workshop in our program.