Workshop/Resource Attendance Verification

Student Name (Last Name, First Name): ________________________________

Student ID: ________________________

Title of Workshop/Presentation: ________________________________

Date of Workshop/Presentation: ________________________________

Facilitator/Presenter Name (Please Print): ________________________________

Facilitator/Presenter Signature: ________________________________

Student Signature: ________________________________

Acceptable resources: Jerry Ludeke Learning Center, Writing Center, Student Success Lab, Tutoring Center, Critical Academic Skills (CAS) Workshops, programs through EOP&S, Cal Works and DSP&S.