EOPS ACADEMIC SEMINAR VERIFICATION FORM

[To be submitted by EOPS students to receive credit for attending seminars/workshops]

_____   _____

Student Name   Student #

_____

Name of Seminar

_____   _____

Date of Seminar   Location of Seminar

_____

Name of Department/Agency Sponsoring Seminar

_____   _____

Signature of Presenter/Sponsor of Seminar   Date

(Optional) Please describe the seminar and indicate what you learned from it:

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