

# EOF/MAP Program Workshop Attendance Form

Student's Name (Print) \_\_\_\_\_

**To the Workshop Facilitator:** Please indicate the title and date of the workshop which the above named student attended as well as your signature which verifies their attendance.

**To the EOF/MAP Student:** All students are required to attend two workshops per semester from the list below. Please submit this form to Donna Jackson, EOF/MAP secretary, upon completion. **\*\*Freshmen students are required to attend two workshops that are sponsored from either the Academic Success Center or the CAP center.**

## Approved Workshops

- EOF/MAP
- Academic Department
- CAP Center\*\*
- Academic Success Center \*\*
- Health/Wellness/Psychological Services
- Diversity
- Other (to be approved by EOF/MAP Counselor)

## Workshop 1

Workshop Title: \_\_\_\_\_ Date: \_\_\_\_\_

Facilitator's Name (Print) \_\_\_\_\_

Facilitator's Name (Signature) \_\_\_\_\_

Phone Extension: \_\_\_\_\_

## Workshop 2

Workshop Title: \_\_\_\_\_ Date: \_\_\_\_\_

Facilitator's Name (Print) \_\_\_\_\_

Facilitator's Name (Signature) \_\_\_\_\_

Phone Extension: \_\_\_\_\_

Thank you,

EOF/MAP Staff