

ACTIVITY ATTENDANCE FORM

Student Name: _____

Date: _____

Start Time: _____

End Time: _____

(Times must be filled out to get credit for the activity)

This workshop/activity fulfills my semester goal(s) / need(s) as checked below:

- ___ ACADEMIC IMPROVEMENT
- ___ UNDERSTANDING MY RESPONSIBILITIES AS A STUDENT
- ___ EXPLORATION (MAJOR/CAREER)
- ___ EDUCATIONAL PLANNING
- ___ FINANCIAL/SCHOLARSHIP SEARCH ASSISTANCE
- ___ GRADUATION/TRANSFER PLANNING
- ___ CAREER PREPARATION
- ___ PERSONAL GROWTH/LEADERSHIP DEVELOPMENT
- ___ CULTURAL ENRICHMENT

Name of workshop/activity: _____

Presenter: _____

Presenter's Signature: _____

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