Student Success Services

WORKSHOP VERIFICATION FORM

Please have the bottom of the form filled out by a faculty or staff member who is running the event.

PARTICIPANTS (please complete this section)

Your Name: _____

Name: _____ **Z#:** _____

Title of Workshop: _____ **Date of Workshop**: _____

Name of Mentor: _____

_____

Please read:

- **To receive credit you must attend the <u>entire</u> workshop. Coming in late or leaving early will <u>not</u> count towards attendance.**

- **All Workshop Verification forms <u>MUST</u> be submitted 1 week of the event to receive CARE credit (including ULTRA credit).**

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TO BE COMPLETED BY FACULTY/STAFF

Dear Event Faculty and Staff:

This student is a Student Success Services program participant. He/she must have proof of attendance of this workshop in order for it to count towards fulfilling their program requirements. We expect that students who receive credit have fully participated in this workshop. Partial attendance does not meet the requirement. We would appreciate if you could please complete the information below:

Faculty/Staff Name (print): _____   Department: _____

Faculty/Staff Signature: _____   E-mail: _____

Thank you for your support!

*If you have any questions or concerns, please contact our office in F-110.

www.stockton.edu/student-success