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**THIS SECTION MUST BE COMPLETED PRIOR TO THE WORKSHOP**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Workshop Title/Topic: \_\_\_\_\_

Brief Description of the Workshop (you may also attach a copy of a flyer or ad, etc.): \_\_\_\_\_

Sponsor(s) (Organization, department, etc.): \_\_\_\_\_

Location: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Presenter(s): \_\_\_\_\_

Counselor Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION MUST BE COMPLETED IMMEDIATELY AFTER WORKSHOP**

I verify that \_\_\_\_\_ attended the above described event.

Presenter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**PRIOR TO RETURNING THIS FORM:** In the space below, provide an overview of the workshop. Be sure to include what you gained from the workshop and how it has contributed to your personal and/or academic growth. Use the back of this form if additional space is needed.