



WORKSHOP VERIFICATION FORM



YOU **WILL NOT** RECEIVE WORKSHOP CREDIT UNLESS THERE IS A SIGNATURE TO VALIDATE ATTENDANCE. PLEASE **SUBMIT FORM** TO SONIA DURAN AT THE EOPS OFFICE IN ORDER TO RECEIVE CREDIT. ALL INFORMATION **NEEDS** TO BE FILLED OUT. IF THIS FORM IS INCOMPLETE, YOU WILL NOT RECEIVE WORKSHOP CREDIT.

NAME: _____ ID#: _____



CHECK YOUR ASSIGNED STUDENT SERVICES SPECIALIST (SSS):

Teresita Guillen-Soto Dolores Cornejo Sonia Duran Andre Strong



TITLE OF THE WORKSHOP: _____



DATE OF WORKSHOP: _____



ONLY THE FOLLOWING APPROVED DEPARTMENTS ARE CONSIDERED VALID TO COMPLETE A WORKSHOP. PLEASE CHECK THE DEPARTMENT HOSTING THE WORKSHOP:

- CADENA TRANSFER CENTER
- LIBRARY WORKSHOPS
- WRITING CENTER
- WORKFORCE CENTER
- BASIC SKILLS CENTER
- CAREER & LIFE PLANNING CENTER
- FINANCIAL AID
- OTHER: (approved by SSS): _____



WORKSHOP PRESENTER: **X** _____

Office only-Received by: _____