

EOPS OR FYSI 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 STUDENT SERVICES SPECIALIST:

- JOSUE ABARCA
- TERESITA GUILLEN-SOTO
- DOLORES CORNEJO
- ANTIONESE COTTON
- SONIA DURAN
- ANDRE STRONG
- MAYRA LOPEZ



TITLE OF THE WORKSHOP ATTENDING: _____



DATE OF WORKSHOP: _____



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

CADENA TRANSFER CENTER - LIBRARY WORKSHOPS - WRITING CENTER
WORKFORCE CENTER- BASIC SKILLS CENTER - CAREER & LIFE PLANNING
CENTER - FINANCIAL AID- EOPS WORKSHOPS-OTHER



WORKSHOP PRESENTER: **X** _____