Verification of Career Resource Center (CRC) Workshops

A CRC staff member should sign this form at the end of each workshop. Once you have attended two workshops, please turn this into Bryan Hall room 232.

Student Name ______________________________________________________________________________

UF Email ___________________________________________   UFID _____________________________

Workshop Name ___________________________________________  Date of Workshop ________________

What did you learn by attending this workshop?
__________________________________________________________________________________________
__________________________________________________________________________________________

TO BE COMPLETED BY CRC STAFF

Name of Staff Member: _______________________________________

I verify that the student above has completed the aforementioned workshop
__________________________________________________________________________________________

Signature     Date

Workshop Name ___________________________________________  Date of Workshop ________________

What did you learn by attending this workshop?
__________________________________________________________________________________________
__________________________________________________________________________________________

TO BE COMPLETED BY CRC STAFF

Name of Staff Member: _______________________________________

I verify that the student above has completed the aforementioned workshop
__________________________________________________________________________________________

Signature     Date

I affirm that the information on this form is correct:

Signature of Student     Date     Telephone