

Workshop Verification Form

Student Name: _____ UB Person Number: _____

Major(s): _____ Minor(s): _____

Students selected for the Daniel Acker Scholars Program are required to participate in a minimum of two workshops per year.

Please provide the name and brief description of the workshops you've attended. Make sure to record the information below and provide the contact information of the person who facilitated the workshop. Please make sure to have the contact person sign the bottom of this form in order to verify your workshop participation.

Name of Workshop	Day/Date

Event Description

Workshop Organization Contact Information

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____ Email: _____

By signing this form, I verify that the above named student has participated in a workshop activity with our organization.

Signature: _____

Please return this form in a sealed envelope to: Graduate Assistant, Daniel Acker Scholars Program, Cora P. Maloney Center, University at Buffalo, 255 Capen Hall, Buffalo, NY 14260

Community Service and Workshops will be documented on the Daniel Acker UBLearns Grade Book within two business days of submission (except during vacation and holiday periods).