

Student Affairs and Enrollment ManagementOffice of Student Conduct Carrollton, GA 30118-4430

Program Attendance Verification Form

Name/917 of Student:	
Name of Event:	
Time/Date of Event:	
Name and Title of Presenter/Staff:	Signature of Presenter/Staff:
Name/917 of Individual(s) who went with you:	Signature of Individual(s):

**It is your responsibility, as the student, to submit this form to the appropriate University Official by your deadline.