

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

Program Facilitation Verification Form

Name/917 of Student:	
Name of Event:	
Time/Date of Event:	
Name of Staff/Officer present(s):	Signature of Staff/Officer(s):
Name/917 of Individual(s) in Attendance:	Signature of Individual(s) in Attendance:
	Signature of murvidual(s) in Attendance.

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