

Declaration of Attendance

Note: This statement, once signed and presented, will be evidence of attendance for partial fulfillment of the Professional Development Requirement.

This note is to verify that	
Name:	
Student ID:	
has attended:	
Offered by (Department/Faculty/Company name if outside of U	JofA):
on Date:	
located at Bldg/Room (City if not at UofA):	
for a time of Hours:	
Presenter/Host/Coordinator: Name	
Signature	Date
I make this statement conscientiously, believing it to be true and oath and that misrepresentation of facts may found to be a viola accordingly.	
Student Signature	 Date