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: __________________________________________________________

on Date: ____________________________

located at Bldg/Room (City if not at UofA): __________________________________

for a time of Hours: ____________________________

________________________________________
Name of Presenter/Host/Coordinator

________________________________________
Signature of Presenter/Host/Coordinator

I make this statement conscientiously, believing it to be true and knowing that it is of the same force and effect as if under oath and that misrepresentation of facts may be found to be a violation of the Code of Student Behaviour and be sanctioned accordingly.

________________________________________
Student Signature

________________________________________
Date

June 2, 2016