

**Student Affairs and Enrollment Management** Office of Student Conduct Carrollton, GA 30118-4430

## Program Attendance Verification Form

Name/917 of Student:

Name of Event:

Time/Date of Event:

Name and Position of Presenter/Staff:

Signature of Presenter/Staff:

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