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 UofA):
____________________________________________________________________________________________

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 knowing that it is of the same force and effect as if under oath and that misrepresentation of facts may found to be a violation of the Code of Student Behaviour and be sanctioned accordingly.

________________________________________                           ________________________________
Student Signature                                                                                   Date