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: __________________

_____________________________________

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