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