



# EXTENDED OPPORTUNITY PROGRAM AND SERVICES (EOPS)

## Student Success Workshop Activity Verification Form

FALL 2009

As a method for introducing the EOPS student to special topic information and experiences, which are important to each student's personal and educational growth, career, financial, and life planning needs. The EOPS student may also participate in any other college or community sponsored workshop, only if approved by their EOPS counselor, or the EOPS Director, prior to attendance.

**EOPS students must satisfy this requirement during this FALL 2009 semester, Beginning September 7, 2009 but no later than November 25, 2009**

This verification form must be completed by the EOPS student and submitted to the **EOPS Information Center, located in Danner 101**, no later than the deadline date of **November 30, 2009**. **Do not leave this completed form with your EOPS Counselor.**

NAME OF WORKSHOP \_\_\_\_\_

Name of Presenter \_\_\_\_\_ Date of Activity \_\_\_\_\_

EOPS SPONSORED \_\_\_\_\_ NON-SPONSORED \_\_\_\_\_ EOPS Approval \_\_\_\_\_  
*EOPS Director or Counselor*

Provide a brief written description of workshop you attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My signature below verifies my attendance at the workshop/activity identified on this form.*

Name \_\_\_\_\_ DELTA ID # 98 - \_\_\_\_\_ - \_\_\_\_\_

Student Signature \_\_\_\_\_

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### EOPS OFFICE USE ONLY

\_\_\_\_\_  
*Name of EOPS Representative accepting Verification Form*

Date Received \_\_\_\_\_

\_\_\_\_\_  
*EOPS Program Assistant*

Date Recorded \_\_\_\_\_