

Educational Workshop Verification Form

Workshop Presenter: _____ Date: _____

Workshop Title: _____

Address/Department: _____

Phone Number: _____

Fraternity/Sorority: _____

All forms must be turned in by
Risk Management Chairs to the SRB
room 1104 on the Friday of dead week.
*Late Papers will be deducted 1 point
for each day it's late up to 7 days.

Educational Requirement Completed (circle one):

Alcohol/Other Drugs * Sexual Assault * Nutrition/Health * Hazing
Council-wide Presenter * Extra Credit

Name of Member

Name of Member

1 _____

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Presenter Signature: _____ Members in Attendance # _____

(Members please attach an additional signature sheet if needed)