CCAS Academic Success Program: Workshop Tracking Form

Name: ___________________________________________ GWID: __________________

Title of Workshop Attended: ______________________________________________________

Name of GW Department or Host of Workshop Attended: __________________________

Date of Workshop Attended: ______________________________________________________

Workshop Facilitator Name in Print: ________________________________

Workshop Facilitator Signature: ________________________________ Date: _____________

Please describe what you learned from the workshop you attended.

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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please describe how this workshop will impact your academic success.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Signature: __________________________________________ Date: ______________

GW Student, in signing this document you abide by the provisions of the Code of Academic Integrity.