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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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.