



College Counseling and Student Services Program in the
Counselor Education Program
Department of Educational Psychology & Counseling
California State University, Northridge

PROFESSIONAL WORKSHOP ATTENDANCE VERIFICATION – FW #10

Your name: _____

Phone number: (____) _____ E-mail: _____

Today's date: _____

Practicum/Fieldwork course number: EPC 659 ____

Professor's name: _____

Title/Name of workshop/conference, or colloquium:

Location of workshop/conference, or colloquium: _____

Presenter(s):

Workshop number (circle): 1 2 3 4 _____

Signature of student: _____

For department use only:

Verified by: _____

(program, agenda, notes taken, signature of presenter, or ??)

Signature of professor: _____