Acker Scholar Workshop Verification Form

Student Name: _______________________ Major: ______________________________

Person #: ____________________________ Minor: ____________________________

Students selected for the Daniel Acker Scholars Program are required to participate in a minimum of 2 workshops per year.

Please provide the name of the workshop along with a brief description of the workshop. Make sure to record the information below and provide the contact information of the person who facilitated the workshop. Please make sure to have the contact person sign the bottom of this form in order to verify your workshop participation.

<table>
<thead>
<tr>
<th>Name of Workshop</th>
<th>Day / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Event Description:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Workshop Organization Contact information:

Name: _____________________________ Title: _____________________________

Organization: ______________________ Office Phone: ___________________

Address: ___________________________ Email: ___________________________

By signing this form below, I verify that the above named student has participated in a volunteer / community service activity with our organization.

Signature: ____________________________

Please return this form in a sealed envelope to:
Graduate Assistant, Daniel Acker Scholars Program
Cora P. Maloney College
University at Buffalo
255 Capen Hall
Buffalo, NY 14260
Phone: (716) 645-7301; Fax: (716) 645-6027

Community Service and Workshops will be documented on the Daniel Acker UBLearns Grade Book within 2 business days of submission (except during vacation and holiday periods)