FLORIDA GULF COAST UNIVERSITY

CENTER FOR ACADEMIC ACHIEVEMENT

Alternative Workshop Documentation
(Please attach any flyers that are available)

Your name: _____

Name of workshop you attended: _____

Name of the department that held the workshop: _____

Date and time of workshop: _____

Please write a brief summary describing what the workshop was about and what you learned from the workshop:

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Name of Staff Member hosting the workshop (please print):
_____

Staff Signature: _____

Phone number of staff member: _____