Student Organization Educational Session Verification Form

Dear Presenter:

Thank you for assisting this student organization with preparation and/or implementation of an educational workshop session.

Please complete the form below for verification of completion. Thank you for your cooperation.

**Presenter Information**

Presenter Name: ____________________________
Organization: ____________________________
Position: ____________________________
Telephone: ____________________________ Email: ____________________________

**Student Organization Information**

Student Organization Name: ____________________________
Title of Educational Session: ____________________________
Date of Educational Session: ____________________________
Number of Attendees: ____________________________
Comments: ____________________________

__________________________________________
Signature of Presenter

__________________________________________
Date

*Please return to:*
Office of Community Standards
2 Butterfield Road
Adams Hall, Lower Level
Kingston, RI 02881
Email: studentconduct@etal.uri.edu