



CENTER FOR ADVISING AND CAREER DEVELOPMENT

WORKSHOP ATTENDANCE FORM

**Please return your completed attendance form to the Center for Advising and Career Development
Room 180, Lighty Student Services Building. Thank you.**

Student's Name: _____

WSU ID #: _____

Workshop Title: _____

Presenter's Name: _____

Location: _____

Date: _____

Time: _____

3 ideas you will use from the workshop:

Students Signature: _____