Conference Verification Form

Advisor Name	
Conference Title	
Sponsoring Organization	
Conference Date(s)	
Location	

List each session in which you participated in order of attendance:

Date	Beginning/ Ending Time	Program/Session Title	Presenter(s)	Session Length (hrs)

TOTAL SESSION HOURS	

I certify that the information presented on this form is complete and accurate.

ADVISOR SIGNATURE _____ DATE _____

This form verifies your participation in content sessions presented at the listed conference, which are offered as a professional development opportunity in the field of academic advising. Only list session which you attended in entirety.