Mayville State University

Comet Credit

Workshop Verification Form

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| First Name:  |  | Last Name: |  |
| Email:  |  | Phone: |  |
| School District:  |
| School Administrator Signature: Your signature verifies that the hours listed on this form have not been submitted for credit to another university. |

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| --- | --- |
| Workshop Title: |  |
| Date of workshop: |  | Total Hours: |  |
| Please provide a brief summary of the professional development in the space below. |
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| Workshop Title: |  |
| Date of workshop: |  | Total Hours: |  |
| Please provide a brief summary of the professional development in the space below. |
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A total of 15 hours is necessary to receive one credit. Use additional forms if needed

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| --- | --- |
| Workshop Title: |  |
| Date of workshop: |  | Total Hours: |  |
| Please provide a brief summary of the professional development in the space below. |
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| --- | --- |
| Workshop Title: |  |
| Date of workshop: |  | Total Hours: |  |
| Please provide a brief summary of the professional development in the space below. |
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