



PASSPORT TO LEADERSHIP PROGRAM WORKSHOP VERIFICATION

WORKSHOP NAME: _____

PRESENTER: _____

Name of Student: _____

Student ID#: _____ Phone# _____

Address: _____

Email Address: _____

Presenter's Signature: _____ Date: _____

*Please submit to the Office of Student Life, Campus Center 128, (909)384-4474
No later than April 20, 2009*



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