



FLORENCE-DARLINGTON TECHNICAL COLLEGE

CCAMPIS Program | Workshop Form

DATE _____

TIME _____

STUDENT'S NAME _____

CHILD'S NAME _____

TYPE OF WORKSHOP _____

LOCATION _____

FACILITATOR SIGNATURE

STUDENT SIGNATURE

CCAMPIS SIGNATURE

PLEASE NOTE: you are responsible for 2 workshops per semester!

STUDENTS: Please drop this form at my office in Room 106 or email the form to me at Melissa.Cooper@fdtc.edu in order to get credit for your workshop.