LEARNING SUMMARY FORM



CEMECTED 0 VEAD	_
SEMESTER & YEAR	
NAME	
VC ID NO	
DATE OF EVENT:	
WORKSHOP EVENT:	
Name <u>three</u> things that you learned at the above even	ent.
1)	
2)	
- /	
3)	
Student Signature:	
For Office use only: \square Custom \square Contact \square REQ \square C	Canvas Date: