2019-20 Completed CAP Call Confirmation Form

STUDENT SECTION TO COMPLETE

Name of Student(s):_____________________________________________

Course that CAP counts towards:____________________________________

Event/Task Title: _________________________________________________

Number of hours received for this call (Maximum 4): _________________

Date and Time (if applicable): _____________________________________

CAP Call Completion Details/Duties:

_________________________________________________________________

_________________________________________________________________

SUPERVISOR SECTION TO COMPLETE

Name of Supervisor: _____________________________________________

Any comments i.e. cancellations, concerns or changes for future similar call can be emailed directly to Colleen Osborn at c.osborn@utoronto.ca
Comments will be reported to the instructor at the end of the term.

By signing this form, the supervisor confirms the above information is accurate:

Signature of Supervisor: ___________________ Date: ________________

Signed Forms should be left in the Completed CAP Folder outside the student office, 2nd floor of the Playhouse, 79 St. George Street.