



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: _____