



STUDENT WORKER PROGRAM
HARRIS-STOWE STATE UNIVERSITY
3026 LACLEDE AVE., HGA #004, ST. LOUIS MO 63103 (314) 340-3507
RECEIPT OF PROFESSIONAL DEVELOPMENT

FORM SWP10	ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.
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This form is used to document attendance at professional development workshops/seminars hosted on-campus. Please attach this completed form to your application for the Student Worker Program for a greater chance of securing an assignment.

HORNET IDENTIFICATION	
FULL NAME:	HORNET ID:
HORNET MAIL ADDRESS: @hornets.hssu.edu	LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER:

WORKSHOP / SEMINAR DETAILS	
WORKSHOP / SEMINAR TITLE:	DATE:

CERTIFICATION FROM HSSU'S CENTER FOR CAREER ENGAGEMENT	
STUDENT SIGNATURE:	DATE:
PRESENTER'S SIGNATURE:	DATE:
PRESENTER'S PRINTED NAME:	PRESENTER'S TITLE:

DISCLAIMER: While participating in professional development activities cannot guarantee you an assignment in the Student Worker Program, our supervisors understand the importance of hiring students who are able to demonstrate how to conduct themselves in a professional environment and seek candidates who have participated in such activities. For this reason, you are encouraged to participate in as many activities as possible.