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:______________