



## STUDENT SUPPORT SERVICES ACADEMIC ENRICHMENT SUMMARY

Participant Name: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Information gained from this activity: \_\_\_\_\_

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How can you apply this information toward your academic success? \_\_\_\_\_

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Describe an activity or workshop you would like to see TRiO Student Support Services sponsor in the future: \_\_\_\_\_

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Thank you for your participation!

*Providing Hope  
& Opportunity*