**WASHBURN CEP ON-CAMPUS ACTIVITY REPORT FORM**

This form is to be completed by the WU Academic Liaison who planned and/or hosted an event on the Washburn University campus for students enrolled in a WU CEP course. Submit completed forms to Associate Dean Bruce Mactavish ([bruce.mactavish@washburn.edu](mailto:bruce.mactavish@washburn.edu)).

**COURSE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COURSE ID #:** \_\_\_\_\_\_\_\_ **COURSE SEC. #:** \_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL INSTRUCTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ACADEMIC TERM:** \_\_\_\_\_\_\_\_\_\_\_

**WU LIAISON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF ON-CAMPUS ACTIVITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize the purpose and nature of the on-campus activity in which WU CEP students participated.

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Please describe the preparations you personally undertook to organize this event.

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Please indicate if there are any changes or improvements that you would suggest in future iterations of this event. If there additional ways that CAS office support might improve your event, please describe these.

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Signature of WU Liaison submitting this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If submitting electronically, simply type your name)