Black Church/Africana Religious Studies
Colloquium Series Participation Verification Form

Student Name: __________________________________________

Event Title: _____________________________________________

Presenter: ______________________________________________

Date: __________

Please reflect on the event: Name the important themes that were raised, and why these themes are important to BC / ARS? What did you learn? Where did you agree and disagree with the event material? What was missing or disappointing for you? Students are required to fill in this sheet to verify Colloquium Series participation. This must be turned in with your requirements checklist to Dr. Wendy Arce (Assistant Dean for Academic Affairs, GTU Dean’s Office) once the student has completed the program.

__________________________________________________________________________________________________________________________________________________