



# SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY

Bloomington

Dear CITL Facilitator,

One of our School of Informatics and Computing associate instructors (AI) is attending your workshop today and will require verification of attendance. We request your assistance in the verification process by signing and dating the bottom of this form.

Thank you for taking time to assist us in this matter. We value the learning opportunity that CITL courses provide our AI's and students, alike.

Regards,

Karen A. Hunsberger

Coordinator, Associate Instructor Training

CITL Workshop Name \_\_\_\_\_ Date \_\_\_\_\_

AI Student Name (Print) \_\_\_\_\_ Username \_\_\_\_\_

Facilitator Signature \_\_\_\_\_

Facilitator Name (Printed) \_\_\_\_\_