Professional Skills Development Program

Assignment Form Template

Instructions:

THIS SECTION TO BE COMPLETED BY THE STUDENT:

Name:		Date:	
Student ID #:		MUN Email:	
Title of Networking Event or Title of Volunteer Position (Enter N/A for Mock Interview):			
1.	 Please describe your experience. (Guiding questions: What did you do? What was involved? Did you prepare for this experience and/or did you feel well-prepared? Please elaborate.) 		
2.	2. What did you learn from participating in this experience?		
3.	What skills or competencies did you practice o	r develop through this experience?	

PROOF OF PARTICIPATION

For the Networking Event:

The coordinator of the event you attend can complete the box below, or you may submit visual proof of your attendance/participation at the event (ie. a clear, on-scene photo or screenshot which includes you).

For your Volunteering:

The volunteer coordinator or staff member of the organization you volunteer with can complete the box below, or you may submit visual proof of your participation (ie. a clear, on-scene photo or screenshot which proves your participation).

For your Mock Interview:

The person who interviewed you can sign this form, or you may submit visual proof of your participation at the interview (for example, a screenshot of an email follow-up or an email receipt confirming your attendance). *Note:* For this deliverable, a real interview may be used in place of a mock interview.

IN LIEU OF SUBMITTING VISUAL PROOF WITH YOUR ASSIGNMENT, THIS SECTION IS TO BE COMPLETED BY THE EVENT "WITNESS":

Your signature on this form verifies that the student named above has completed or attended:		
	☐ A Networking Event	
	☐ A Mock Interview	
☐ 1 Hour of Volunteering		
Name of Witness:	Title:	
Email Address:		
Signature:	Date:	