CERTIFICATE TRACKING FORM Dalhousie University School of Occupational Therapy

Complete and submit one form per elective.

Email completed forms to **Charlene Joseph-Dunbar** at <u>Occupational.Therapy@dal.ca</u> to be signed by the course instructor.

We will return a copy of the signed form to you.

We will retain a copy of the signed form to you	۸.
Student Name	Banner Number
Certificate in	Course name and number
Date course taken	
Assignment	Title or description of your assignment
(Briefly describe each assignment required	(Provide enough information to demonstrate
for the course. Do not include discussion or	how your assignment was completed in the
participation grades.)	subject area of your certificate)
Assignment 1	
Assignment 2	
Assignment 3	
Assignment 4	
_	
Assignment 5	
-	
For office use	
Verified by course instructor: By signing, I agree that this student completed his/her	
assignments in the subject area of their certificate.	
	Date
Copy sent to student	Date