## **Faculty of Dentistry**



## **Student Ambassador Participation Approval Form**

Information			
Student Name:			
Student I.D. No.:			
Class of:			
Type of Participation Reque	ested:		
Cégep Caravan	☐ MMI's	☐ Open House	
☐ Info Session		☐ Youth Outreach Program	
Date and time: From: _		To:	
Additional Information:			
		or(s), coordinators, etc. are aware the erial missed during their absence	at they will be
Submit the form to Ms. Patr	icia Bassett for approval.		
Student's Signature		Date	
STUDENT AFFAIRS OFFICE SECTION			
Approved	OTOBENT ALL PAINS	7 01110L 0L0110N	
Rejected			
0			
Comments:			
SAO Signature		Date	