



Attendance Verification – Faculty Advisor Meeting

Academic Coordinator: Taryn Wong
tarynjw@sfsu.edu

Declared major or Major or interest	Date and time of appointment

Dear attending faculty member,

_____ is a student of the SOAR TRIO Program (SOAR) for the
(Student name) current semester. Part of their commitment to SOAR is to meet with a Faculty Member/Advisor from their declared major or major of interest, once per semester. Please take the time to kindly sign off for his/her attendance.

If you have any questions regarding this matter, you may contact SOAR on the email above. Thank you for your help.

Respectfully,

Taryn Wong
SOAR Program Coordinator
College of Health and Social Sciences
HSS 254
San Francisco State University

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Attending Faculty member

Name (please print)

Signature

SOAR Academic advisor

Name (please print)

Signature