Student Senate Legislative Certification Program

Participant Name: _____

Requirement	Signature of Senate President Pro-Tempore
List three Senate meetings you attended: 1. 2. 3.	1. X_____ 2. X_____ 3. X_____
List three Committee meetings you attended: 1. 2. 3.	1. X_____ 2. X_____ 3. X_____
Bill or Resolution Number you assisted in writing:	X_____
Name of Senate Liaison you met with:	X_____

Date of Final Meeting with Pro-Tempore: ____ of _____ 2023

_____

Student Senate President Pro-Tempore Final Signature of Completion

Date: / /