

Global Financial Institutions Concentration



Wall Street Prep Confirmation

Student: Please complete the upper portion of this form and give it to the workshop instructor at the beginning of day one.

Name:	Graduation Year:
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Instructor Name and Title: _____

Institution Name:	Address:
	Phone:

Begin and end dates: _____

Instructor: Please complete the evaluation form below and return it to the student who took the full Wall Street Prep course offered each September through the Lazarus Center for Career Development.

	Needs Improvement	Proficient	Highly Commendable
Fulfilled the attendance requirements for the workshop			
Demonstrated an eagerness to learn the material			
Fully participated in all workshop activities.			
Student fulfilled the overall expectations for this workshop	YES	NO	

Additional Comments:

Instructor signature: _____ Date: _____

Students: Submit this completed form to Jennifer Kennedy at the Conway Center (jwkennedy@smith.edu, Campus address: Conway Center, 146 Elm Street).