

## Wall Street Prep Confirmation

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**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: \_\_\_\_\_

Instructor Name and Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Instructor:** By signing this form, you are certifying that the Smith student named above successfully completed the Wall Street Prep workshop series sponsored by the Lazarus Center for Career Development at Smith College.

**Student fulfilled the overall expectations for this workshop**

YES

NO

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Students: Submit this completed form to Veeka Trofimova ([vtrofimova@smith.edu](mailto:vtrofimova@smith.edu)), Concentrations Administrative Coordinator, Wright Hall 227*