



Teaching, Learning, Community Building
Learning Activity Attendance Form
Thunderwater Organizational Learning Institute

Name of Activity _____ Date of Activity _____ Start Time of Activity _____

Location of Activity _____ Presenter(s) _____ Number of Hours _____

Strategic Planning Priority (Circle any that apply): **Response to Community** **Student Success** **Employee Success** **Institutional Effectiveness**

Brief Description of Activity: _____

<i>Name (Please print clearly)</i>	<i>Division/Department</i>	<i>For TOLI use only</i>
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