

MORRISVILLE STATE COLLEGE

Co-Curricular Transcript Entry and Validation Form

Please type or print all information-use one form for each activity. Please provide a brief description of the activity and your involvement. Please use the reverse side of this form. Return completed form to the Student Activities Office.

Name: _____ Student ID M#: _____

_____ **Leadership Experience**

Club/Organization/Agency _____

Your Title/Position _____

Date of Participation _____

_____ **Professional or Educational Development**

Club/Organization/Agency _____

Your Title/Position _____

Date of Participation _____

_____ **Honor, Award or Recognition**

Club/Organization/Agency _____

Your Title/Position _____

Date Received _____

_____ **Organization, Activity or Team Participation**

Club/Organization/Agency _____

Your Title/Position _____

Date of Participation _____

_____ **Community Service**

Club/Organization/Agency _____

Your Title/Position _____

Date of Participation _____

Student Signature

Date

Campus Phone #

Print Name of Verifying Official

Title and Relationship to Student

Signature of Verifying Official

Date