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 StudentActivitiesOffice.

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