

Recognition of Student Involvement
Application Form

Last Name: _____ First Name: _____

Student Number: _____ Program: _____

Telephone: _____

E-mail: _____

Term during which student involvement took place: Fall 20____ Winter 20____ Summer 20____

Criteria for Recognition of Involvement

Please check () area of student involvement of the activity:

_____ Social and community involvement

_____ Entrepreneurship

_____ Science

_____ Educational and Academic

_____ Politics

_____ Athletics/Sports

_____ Arts and Culture

Name of the activity: _____

Where did the activity primarily take place? _____ On campus _____ In the community

Total number of volunteer hours worked during the semester: _____

What was your role? _____

List the skills, attitudes, or aptitudes you developed during this activity. _____

Please check () YES, NO, or n/a (not applicable) for each of the following statements:

SPONSOR INFORMATION

Organization: _____

Last Name: _____ First Name: _____

Title / Position: _____ Telephone: _____

E-mail: _____

Sponsor's signature: _____ Date: _____