



Co-Curricular Transcript Validation Form

The student named below has requested that his/her participation in the activity sponsored by your organization be included on his/her Co-Curricular Transcript. In order to verify his/her participation, please take the time to fill out this form and return it to the address below.

(Please print or type all information clearly.)

Student Name: _____ Student ID: _____

Program Title: _____

Program Date(s): _____ Program Location: _____

Facilitator: _____ Department: _____

Please describe the activity which the above named student participated in: _____

I, the undersigned, request that the information contained in this form be entered on the Co-Curricular Transcript for the student, and I verify that the information is accurate.

Print Name of Verifying Official Title

Signature Date Telephone

(for office use only)

Co-Curricular Transcript Component to be credited:

- | | |
|--|-----------------------------|
| _____ Awards & Scholarships | _____ Community Service |
| _____ Educational Workshops & Programs | _____ Leadership Activities |
| _____ Student Government & Organizations | |

Student Life Office

Walb Union 115 · (260) 481-6609

www.ipfw.edu/stulife