STEP 2

ANGELO STATE UNIVERSITY CO-CURRICULAR TRANSCRIPT VALIDATION FORM

Procedure:
1. Print or type **all** requested information. (Application for CCT must be on file)
2. Validation form must be legible and completed in its entirety to be processed.
3. Obtain a signature from an official who can verify your participation in the activity or honor (faculty, advisor, etc.)
4. Complete one Validation Form for each activity or honor to be included on your CCT.
5. Submit completed Validation Form to the Center for Student Involvement, garden level of the UC.

Name: _____
Last First M.I.

Campus ID #: _____ Local phone: _____

E-mail address: _____

_____
Name of organization, activity, honor, award, volunteer work, etc:

Type of activity: (check one only)

____ Leadership Involvement
____ Honors, Awards & Recognition
____ Professional or Educational Development
____ Community/Volunteer Services **

Year(s) involved in activity:

from: _____ to: _____ semesters: _____
from: _____ to: _____ semesters: _____
from: _____ to: _____ semesters: ____
from: _____ to: _____ semesters: ____

Position held (if no position held, "member" will be listed on your transcript): _____

Brief description of co-curricular experience/skills developed: _____
_____
_____
_____
_____

If you list professional or educational development, please include the name of the conference or training session, the dates you attended and a brief description of what you gained by attending.
_____
_____
_____
_____
_____

** If volunteer or community activity:
Community Agency Name: _____ # hours worked: _____
Agency Contact Name: _____ Agency phone: _____
Agency Contact Signature: _____

Did you receive academic credit for this activity?	Yes	No
Is this activity a requirement for a course?	Yes	No
Were you paid for your participation?	Yes	No

By signing below, we request this information to be entered on a CCT. We also verify that the information is accurate and truthful in representation.

_____
Advisor printed name Phone number

_____
Advisor signature Date

_____
Student signature Date

ANGELO STATE UNIVERSITY

For Office Use Only
Date received: _____
Date entered: _____
Entered by: _____