<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student ID #</th>
<th>Daytime Phone No.</th>
</tr>
</thead>
</table>

Please indicate the type of activity.

- Organization or activity participation
- Leadership experience
- Professional or education development
- Honor, award or recognition
- Other: Specify: ______________

Name of club or organization: _______________________________________________________________

Nature of involvement:

- Member
- Participant
- Officer
- Advisor
- President
- Vice President
- Secretary
- Treasurer
- Other – Specify ________________________

Dates: ______________________________

From: ____________________________
To: ________________________________

Specify involvement: ___________________________________________________________________

Entry Validation

We, the undersigned, request that the information contained in this form be entered on the co-curricular transcript of the student named above and verify that the information is an accurate and truthful representation.

Student's Signature: ____________________________ Date: ____________________________

Print name of verifying official: ____________________________ Print title or relationship to the student, organization, program or activity: ____________________________

Signature of verifying official: ____________________________ Date: ____________________________

Return this form to:
DeSales University
Student Affairs Office
McShea Student Center
2755 Station Avenue
Center Valley, PA 18034

For Student Affairs Office only: Date Entered: ____________________________ By: ____________________________

11/22/06