



Level I - Leadership Designation Registration Form

Return completed form to CBA 420 or e-mail to leadership@uakron.edu

First Name: _____ Last Name: _____

Campus Address: _____

Student ID: _____ Major: (indicate if Honors) _____

Anticipated Graduation (Sem/Yr) _____ Current GPA: _____

E-mail: _____ Phone Number: _____

Twitter: _____ (optional)

1. How did you hear about the Leadership Designation Program?

2. Statement of Purpose: In 500 words, explain how pursuing and obtaining the leadership designation(s) will help you achieve your academic, professional, and personal goals.

(Continue essay on back of form if necessary)