Level II - 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)

When will you/did you complete Level I of the Leadership Designation Program?

Semester __________   Year _________________

Upon completion of Level II, do you intend to continue to the Advanced Level?
_____yes   _____no   _____maybe