



Advanced Level Leadership Designation Registration Form

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

First Name: _____ Last Name: _____

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 II of the Leadership Designation Program?

Semester _____ Year _____

Leadership Experience Project

Do you have a project idea for your Leadership Experience Project? Yes _____ No _____

If yes, please identify and briefly describe.

Have you met with Dr. Hanlon regarding your proposed Leadership Experience Project?

Yes _____ No _____

Have you identified team members with whom you will work on this project? Yes _____ No _____

If yes, please list their first and last names along with their e-mail addresses :

Names (first, last)

E-mail Addresses
