



## Level II - Leadership Designation Registration Form

Return completed form to CBA 420 or e-mail to [leadership@uakron.edu](mailto: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