



Verification of Student Organization Involvement

Complete this form and include with your submitted materials to complete each level of the Designation Program

Student Name: _____

UAkron Email: _____

Level _____

(identify which level of program you are completing: I, II, or Advanced)

Please write a 3-5 sentence paragraph describing what you learned by participating in this organization:

TO BE COMPLETED Student Organization Officer or Advisor

Name of Student Organization: _____

Name of Organization Faculty Advisor: _____

Signature, date and telephone number of officer or advisor: _____

I affirm that the information on this form is correct:

Student Signature: _____ Date: _____