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:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I affirm that the information on this form is correct:

Student Signature: _____________________________   Date: __________________________

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: __________________________