

CO-CURRICULAR TRANSCRIPT ACTIVITY REPORT FORM

STUDENT NAME _____

ACADEMIC YEAR _____

Category	Dates	Activity Information	Verification Signature & Date

- A: Community Involvement** - Membership in Greek organizations, CGA, Student Activities, athletics, etc.
- B: Diversity Training** - Participation in Global Awareness Society, Migrant Community Projects, Model UN, the Women's Center, etc.
- C: Leadership** - Special positions or titles held which could indicate leadership experience and abilities
- D: Professional Development** - Honors or awards received, conferences and/or seminars attended
- E: Research** - Any research projects which extend beyond class assignments
- F: Work Experience** - Internships or jobs held which future employers and/or grad schools would be interested in

Return this form to the SOLVE Office - 224 Warren Student Services Center, Bloomsburg University (570)389-4788 Fax: (570)389-3005