

# Monroe Community College Co-Curricular Student Development Transcript Student Information Form

Please complete this form for the activities, honors and awards you wish to have listed on your co-curricular student development transcript. When completed, return it to the Brighton Campus Center Office, Building 3, Room 126 or the Damon Campus Center Office, 4 - 020. Please note that this information will not be added to your transcript until it is verified by the appropriate Brighton/Damon Campus Center staff member. As you fill out your transcript request form, refer to the co-curricular student development transcript handouts for complete information and a description of the various areas. If you have questions or concerns, call the Brighton Campus Center Office at 292-2534 or the Damon Campus Center Office at 262-1757. Please type or print neatly and complete in full.

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you previously submitted a co-curricular student development transcript request form:

Yes

No

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### Activity/Experience

(name of club/organization, training experience, committee, etc.) \_\_\_\_\_

### Date(s) of Participation

(i.e. Fall 1999/Spring 2000) \_\_\_\_\_

### Position/Responsibility

(i.e. member, chair, coordinator, core leader, etc.) \_\_\_\_\_

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**Honors and Awards** (list honors & awards you have personally received, not awards received as part of a group).

Name of Award \_\_\_\_\_

Date \_\_\_\_\_

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Name of Award \_\_\_\_\_

Date \_\_\_\_\_

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I certify that the above information is an accurate account of my activity.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification  
Brighton/Damon Campus Center Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title