

Monroe Community College Life Skills Transcript Student Information Form

Please complete this form for the activities, honors and awards you wish to have listed on your life skills transcript. When completed, return it to the Brighton Campus Office of Student Life & Leadership Development, Building 3, Room 126 or the Damon Campus Center Office, 5-251. Please note that this information will not be added to your transcript until it is verified by the appropriate Brighton/Damon Campus staff member. As you fill out your transcript request form, refer to the life skills transcript handouts for complete information and a description of the various areas. If you have questions or concerns, call the Brighton Campus Office of Student Life & Leadership Development 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 life skills transcript request form:

Yes No

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.) _____

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.) _____

Activity/Experience

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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.) _____

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

Name of Award _____

Date _____

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 _____

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

Student Signature

Date

Primary Advisor Signature

Date

Verification
Brighton/Damon Campus Staff Member

Date

Title