

**COLLEGE OF STATEN ISLAND
CO-CURRICULAR TRANSCRIPT ENTRY AND VALIDATION FORM**

Please type or print all information – use one form for each entry

First Name: _____ Last Name: _____

Last 4 Digits of S.S.# _____ Date of Birth: (mm/dd/yyyy) _____

Please indicate type of activity:

**LEADERSHIP ACTIVITIES
PROFESSIONAL OR EDUCATIONAL DEVELOPMENT & INTERNSHIPS
HONORS, AWARDS, SCHOLARSHIPS, & RECOGNITION
STUDENT GOVERNMENT & ORGANIZATIONS
COMMUNITY SERVICE**

Activity Name: _____

Date(s) of Participation: (mm/dd/yyyy) From _____ To _____

Description: *Please provide a description of the activity and your involvement below.*

Student Signature _____ **Date** _____ **Phone** _____

Print Name of Verifying Official _____ **Title & Relationship to Student** _____

Signature of Verifying Official _____ **Date** _____