KILGORE COLLEGE
CO-CURRICULAR TRANSCRIPT ENTRY
AND VALIDATION FORM

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

Name ___________________________  Student ID# ___________________________

Please indicate type(s) of activity:

____ LEADERSHIP EXPERIENCE

Title ____________________________________________
Date of Participation ____________________________

____ PROFESSIONAL OR EDUCATIONAL DEVELOPMENT

Activity Name ___________________________________
Date of Participation ____________________________

____ HONOR, AWARD, OR RECOGNITION

Award Received ___________________________________
Date Received ___________________________________

____ ORGANIZATION OR ACTIVITY PARTICIPATION

Activity Name ___________________________________
Date of Participation ____________________________

Please use the reverse side of this form to provide a description of the activity and your involvement.

Student Signature ______________  Date ____________  Phone __________________

Address ________________________  City _____________  State ____________  Zip Code __________

Print Name of Verifying Official __________________________  Title and Relationship to Student ____________________

Signature of Verifying Official __________________________  Date _______________