



**School of Nursing**

**Co-Curricular Activities Verification Form**

**Directions: Use one form for each student organization/club participation while in college.**

**APPLICANT INFORMATION**

Student/Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENT ORGANIZATION/CLUB INFORMATION**

Student Organization/Club name: \_\_\_\_\_

Dates of involvement: \_\_\_\_\_

Description of organization/Student's involvement:

\_\_\_\_\_

**STUDENT ORGANIZATION/CLUB LEADER INFORMATION**

Printed name/title of Organization Leader: \_\_\_\_\_

Signature of Organization Leader: \_\_\_\_\_

Email address of Organization Leader: \_\_\_\_\_