UNIVERSITY of GUYANA

TRANSCRIPT ENTRY AND VALIDATION FORM

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

ACADEMIC YEAR 20../20...

Name ___________________________ REG# ___________________________

Please indicate type(s) of activity

_____ LEADERSHIP EXPERIENCE

Title ____________________________________________________________

Date of Participation ____________________________________________

_____ PROFESSIONAL OR EDUCATIONAL DEVELOPMENT

Activity Name ____________________________________________________

Date of Participation ____________________________________________

_____ HONOUR, AWARD, OR RECOGNITION

Award Received ___________________________________________________

Date Received ____________________________________________________

_____ ACTIVITY PARTICIPATION

Activity Name ____________________________________________________

Date of Participation ____________________________________________

Please provide a description of the activity and your involvement.

________________________________________________________________________

Student Signature __________________________ Date __________ Phone __________

Address ____________________________________________________________________

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

Signature of Verifying Official __________________________________________ Date __________