

FORM 2:
LEADERSHIP/ACTIVITY EXPERIENCE COMPLETION
(MUST BE TYPED)

Name: _____ Student I.D. #: _____

Local Address: _____

WLU E-mail: _____

Local Phone: _____ Home Phone: _____

1. Organization/location of experience, including contact information:

2. Supervisor Name and Title of Position:

3. Number of hours of completed in the experience:

4. Provide a brief description of the experience:

5. Dates of the experience:

Attach a signed letter from your supervisor which includes:

- A brief description of the experience and the extent of your involvement;
- The number of hours confirming your participation; and
- Current contact information for the supervisor

Approved

Not Approved

Undergraduate Advisor or Department Chair

Date

Office Use:

Date Received _____ ini _____ Date entered into MLS: _____ ini _____