

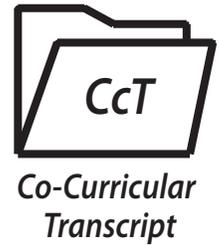
Co-Curricular
Transcript

ACTIVITY ENTRY FORM STEP BY STEP INSTRUCTIONS:

1. Use a black or blue ink pen to clearly print your responses to each question.
2. NAME - provide your complete name as it appears on your MU Student ID.
3. MU ID Number - Provide your Methodist University student identification number.
4. PHONE NUMBER - provide the number where we can most likely reach you.
5. E-MAIL ADDRESS - provide the MU e-mail address.
6. STREET ADDRESS - Provide the address where you would like your Co-curricular Transcript (CcT) mailed. This may be your local home address, campus address for University residents, or permanent address.
7. CITY/STATE/ZIP - For the address where you would like your Co-Curricular Transcript mailed, provide the name of the city, state or province, and zip code. For international addresses, please also indicate the country.
8. IS THIS YOUR FIRST TIME SUBMITTING A CcT ACTIVITY FORM? - Check "yes" if this is the first time you are submitting information about your co-curricular activities for your student record. This will let the Office of Student Affairs know you are new to the process. Check "no" if you are making additions and/or revisions to your existing CcT.
9. ENTRY TYPE - Indicate for each entry line, the type of entry you are submitting. You may add a new entry, change or correct an entry previously submitted on a CcT Activity Form, or delete an entry you no longer wish to have included in your CcT. An entry submitted as a change will replace the previously submitted entry.
10. ACTIVITY NAME- Indicate the full name of the activity. Do not use abbreviations. For Honors/Awards, use the organization and/or company names where appropriate as well as the name of the honor/award.
11. POSITION - Indicate your role or how you were involved in the activity listed in the previous column on that line.
12. START TERM - Indicate the semester and year you began the activity.
13. END TERM - Indicate the semester and year you were last involved in this activity. For one-time honors and awards, the end term should be the same as the start term unless it covers a specific date range.
14. The following are specific examples of possible entries:

Entry Type	Activity Name	Position	Start Term	End Term	Include Summers ?
			Semester and Year	Semester and Year	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Resident Assistant of the Year</i>	<i>Recipient</i>	<i>Spring 2010</i>	<i>Spring 2010</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Student Government Association</i>	<i>Vice President</i>	<i>Spring 2010</i>	<i>Fall 2011</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Kappa Sigma</i>	<i>Member</i>	<i>Fall 2008</i>	<i>Spring 2012</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>University Ambassador</i>	<i>Member</i>	<i>Fall 2011</i>	<i>Fall 2011</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>MU Women's Basketball Team</i>	<i>Player</i>	<i>Fall 2009</i>	<i>Spring 2012</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>MU Intramural Soccer</i>	<i>Captain</i>	<i>Fall 2012</i>	<i>Fall 2012</i>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Resident Assistant</i>	<i>Member</i>	<i>Fall 2008</i>	<i>Spring 2012</i>	<i>Yes</i>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Student Leaders at Methodist</i>	<i>Member</i>	<i>Spring 2010</i>	<i>Fall 2011</i>	
<input type="checkbox"/> New <input type="checkbox"/> Change <input checked="" type="checkbox"/> Remove	<i>MU Accounting Club</i>	<i>Member</i>	<i>Fall 2011</i>	<i>Spring 2012</i>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	<i>Fellowship of Christian Athletes</i>	<i>Member</i>	<i>Fall 2009</i>	<i>Spring 2012</i>	

15. SIGNATURE- Please sign the form. Your signature is required to complete your request.
16. DATE- Indicate the date you signed your form.
17. Activity Entry Forms must be accompanied by the required Validation Form. Submit one CcT Validation Form for every entry. See Validation Form Instructions for details and exceptions.
18. The Office of Student Affairs will determine if the entries you submit qualify for the Co-Curricular Transcript and will add your activities accordingly.
19. The Office of Student Affairs will contact you regarding unresolved questions related to your submitted CcT Activity Form. Please respond quickly so there is no delay in processing your CcT Activity Form.
20. If you have any questions, please contact the Office of Student Affairs at (910) 630-7152.



ACTIVITY ENTRY FORM

Please list your co-curricular (out-of-classroom) activities for inclusion on your Co-curricular Transcript ("CcT"). Please print.

Name: _____ Today's Date: _____

MU ID Number: _____ Phone Number: (____) _____

Street Address: _____ Email Address: _____

City/State/Zip: _____

Is this your first time submitting a CcT Activity Form? ____ Yes ____ No

- IMPORTANT**
- Refer to step-by-step instructions available at www.methodist.edu/student life.
 - Activity Entry Forms must be accompanied by the required Validation Form.
 - To receive a printed and official CcT, you must have at least 5 entries.

Entry Type	Activity Name	Position	Start Term <small>Semester and Year</small>	End Term <small>Semester and Year</small>	Include Summers ?
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove					

Signature: _____ Date Signed: _____

Please return the completed form to the address below or via fax. Thank you.