



Activities Transcript

Student Life Office, Mt. San Antonio College

Name:

Student ID:

Date:

Participation listed below is **NOT** verified by the Student Life Office Document **ONLY VALID** when signed by appropriate College employees **TYPE** directly into form, **SAVE, PRINT**, then **OBTAIN** Verifying Signatures

The above named individual has participated in the following co-curricular activities at Mt. San Antonio College. It is the philosophy of the College that such participation enhances student development and enriches the learning experience.

Semester/Year	Organization Name i.e.: club, department, committee	List Event & Your Role i.e.: member, officer, volunteer, participant	# of Hours contributed	Name of Person Verifying i.e. chair, advisor, professor, staff, etc.	Verifying Signature I certify the information provided here is true Student signatures are NOT valid	Contact Phone Number
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