



The Co-Curricular Transcript Program  
Office of Student Activities and Leadership Development  
Rosenthal Student Center, 2nd Floor  
3301 College Avenue  
Ft. Lauderdale, FL 33314

**Congratulations on your decision to document your  
co-curricular activities!**

The information you provide will be added directly to your official academic transcript. This should add to your marketability as a more well-rounded candidate for scholarships, graduate admissions, or employment, particularly when you are limited in the number of pages submitted in applications.

**All students attending Nova Southeastern University are eligible to  
participate in this program.**

Complete each activity on the Validation Form and have the supervising NSU faculty, staff member (i.e. organization advisor) or community service project coordinator verify the information. You may submit Validation Forms at the end of each term. There is no charge for this service.

If you would like a copy of your academic transcript, please contact the Office of the University Registrar at (954) 262-7225. There is a request form and a fee of \$5.00 per official academic transcript. If you have any questions regarding the co-curricular transcript program, please contact the Office of Student Activities and Leadership Development at (954) 262-7290.

## Co-Curricular Transcript Official Registration and Event Validation Form

\*\*This form should be filled out for each semester of involvement\*\*

Circle One:  First-Time Registration       Continuing Registration (only include new information)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_  
 Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
 Expected Month/Year of Graduation: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Leadership Position/Activity Description*	Dates	Term	# of hours

*I swear or affirm that the information submitted is accurate to the best of my knowledge.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Activity Coordinator Validation that leadership position was held or that activity was completed.

Name	Title	Address	Phone #	Date	Initials

Return to: Office of Student Activities and Leadership Development, Rosenthal Student Center, 2nd Floor  
 3301 College Avenue, Ft. Lauderdale, FL 33314 Office (954)262-7290 Fax (954) 262-3537. \*Attach additional sheets for description of position(s) held or activity if necessary.