

CO-CURRICULAR TRANSCRIPT CHANGE REQUEST

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

Name _____

Student ID# _____

Please indicate type(s) of activity

_____ LEADERSHIP EXPERIENCE (OFFICER EXPERIENCE)

Title _____

Date of Participation _____

_____ ORGANIZATION OR ACTIVITY PARTICIPATION

Club or Organization Name _____

Date of Participation _____

Please provide a description of the activity and your involvement. Please use the reverse side of this form.

Student Signature Date Phone

Address City State Zip Code

Print Name of Verifying Official Title and Relationship to Student

Signature of Verifying Official Date

Please return this form to: The College of Idaho
Office of Student Involvement
2112 Cleveland Blvd., Box 52
Caldwell, ID 83605