

Date _____

Student's name _____ ID number _____

Student's Email Address _____ Phone _____

2L 3L *1L students are unable to earn competition credit.

Name of Competition: _____ Semester: Fall _____ Spring _____

Date(s) competition is/was held: _____ Location: _____

Units Requested: _____

Description of your responsibilities:

List Team Members Names:

1. _____ Date: _____

Faculty Supervisor Print Last Name
Registrar's Office will accept an [email](#) from Supervisor in lieu of signature.

2. _____ Date: _____

Emily Scivoletto, Senior Assistant Dean for Student Affairs

For Office Use Only

DATE of ENROLLMENT: __ ENTERED BY: _____

CRN: _____