Verification of Student Leadership (Levels 2 & 3)
To be filled out and turned in to Bryan Hall room 232 at the end of semester in which the student participated.

Student Name:_________________________________________________________________
UF Email _____________________________________  UFID:___________________________
Organization name:_____________________________________________________________
Participation Hours:________________________ Leadership Role _______________________
Please describe the leadership activities in which the student earned these hours:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This information on this form must be verified by the Advisor (as registered with the Center for Student Activates and Involvement) of the organization in which the student participated.

______________________________________________________________________________
Print Name of Advisor
______________________________________________________________________________
Signature of Advisor Date Telephone

I affirm that the information on this form is correct:

______________________________________________________________________________
Signature of Student Date Telephone