Verification of Student Organization Participation (Level 1)
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: __________________________

Please describe the activities in which the student earned these hours:

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

_______________________________________________
Print Name of President/Advisor

_______________________________________________
Signature of President/Advisor                 Date                 Telephone

I affirm that the information on this form is correct:

_______________________________________________
Signature of Student                 Date                 Telephone