

Recognition of Student Involvement Application Form

Last Name: _____

First Name: _____

Student Number: _____

Program: _____

Telephone: _____

E-mail: _____

Term during which student involvement took place: Fall 20__ Winter 20__ Summer 20__

| Criteria for Recognition of Involvement |
|--|
| <ul style="list-style-type: none">• Involvement must take place during a term in which a student is enrolled full-time at the college.• The student must have attained the College's minimum academic standing requirements.• Recognized involvement must be done on a volunteer basis, not for financial compensation or for course credits.• Minimum of 60 hours per term per area of student involvement |

Please check (✓) area of student involvement of the activity:

_____ **Social and community involvement:** Activities that improve the quality of life of a community by providing support, assistance or solidarity, and contributing to the development of citizenship.

_____ **Entrepreneurship:** Activities that put students at the heart of a business project; involve starting, managing or networking a business; and contribute to cultivating entrepreneurial spirit.

_____ **Science:** Scientific or technical activities that involve research, testing or communication, and that raise the target population's level of interest and knowledge in science and technology.

_____ **Educational and Academic:** Co-curricular activities that are an extension of the student's program of study and career path (excluding practicums and courses that are part of the curriculum).

_____ **Politics:** Activities that focus on defending the rights and interests of students, young people or other social groups; and participating in national and international societal debates.

_____ **Athletics/Sports:** Student athletes as well as volunteer student trainers and members of sports committees.

_____ **Arts and Culture:** Public display of work that involves creating, producing, organizing or exhibiting work in order to enrich cultural life.

For mention to appear on a student's academic transcript, application form and supporting documents must be submitted to Campus Life and Leadership in 2E.6 by the last day of class of the relevant term.

Name of the activity: _____

Where did the activity primarily take place? _____ On campus _____ In the community

Total number of volunteer hours worked during the semester: _____

What was your role? _____

List the skills, attitudes, or aptitudes you developed during this activity. _____

Please check (v) YES, NO, or n/a (not applicable) for each of the following statements:

| I feel that ... | Yes | No | n/a |
|--|-----|----|-----|
| I have attained most of my objectives during my involvement. | | | |
| I have acquired new skills that I can apply in the future. | | | |
| My involvement has made a positive impact on the community I volunteered with. | | | |
| I enjoyed my experience and would recommend it to others. | | | |
| I managed my responsibilities professionally. | | | |
| I developed leadership skills. | | | |
| I expressed creativity during my involvement. | | | |

SPONSOR INFORMATION

Organization: _____

Last Name: _____ First Name: _____

Title / Position: _____ Telephone: _____

E-mail: _____

Sponsor's signature: _____ Date: _____

I, (print student's name) _____ attest that the information provided on this application and all annexed supporting documents is accurate and true.

Student's signature: _____ Date: _____