

STUDENT DEVELOPMENT

Co-Curricular Validation Form



1902 N. Loop 499 | Harlingen, TX 78550 | 956.364.4301 | 1.800.852.8784 | www.harlingen.tstc.edu

Student Name: _____ ID #: _____

Instructions: Please place a check mark on the category in which you are requesting validation and fill in the appropriate information for that section. Each section must contain a validation signature. Submit to the Office of Student Life Office, Student Center 123 within one month of the activity. Allow two weeks for information to post.

Note: All information submitted will be entered as is, and is subject to verification.

Awards & Honors

Event: _____ Activity/Role Performed: _____ Date: _____

Validator Name (Print): _____ Validator Signature: _____

Title: _____ Phone#: _____

Activities & Participation

Event: _____ Activity/Role Performed: _____ Date: _____

Validator Name (Print): _____ Validator Signature: _____

Title: _____ Phone#: _____

Leadership Development

Event: _____ Activity/Role Performed: _____ Date: _____

Validator Name (Print): _____ Validator Signature: _____

Title: _____ Phone#: _____

Student Organizations

Event: _____ Activity/Role Performed: _____ Date: _____

Validator Name (Print): _____ Validator Signature: _____

Title: _____ Phone#: _____

Volunteer & Community Service

Event: _____ Activity/Role Performed: _____ Date: _____

Validator Name (Print): _____ Validator Signature: _____

Title: _____ Phone#: _____

Student Signature: _____ **Date:** _____

For Input Use Only: Date Received _____ Date Entered: _____ Entered By: _____ Employee I.D.: _____