



VALIDATION FORM STEP-BY-STEP INSTRUCTIONS

1. Use a black or blue ink pen to clearly print your responses to each question.

SECTION A: TO BE FILLED OUT BY THE STUDENT

2. NAME OF STUDENT - Provide your complete name as it appears (or appeared) on your MU Student ID.
3. MU ID Number - Provide your Methodist University student identification number.
4. PHONE NUMBER - provide the number where we can most likely reach you during daytime hours, in case we have a question about any of the information you have submitted.
5. E-MAIL ADDRESS - provide the MU e-mail address, in case we have a question about any of the information you have submitted.
6. STREET ADDRESS - Provide the address where you would like your Co-curricular Transcript mailed. This may be your local home address, campus address for University residents, or permanent address.
7. CITY/STATE/ZIP - For the address where you would like your CcT mailed, provide the name of the city, state or province, and zip code. For international addresses, please also indicate the country.
8. NAME OF FACILITATOR OR SUPERVISOR (IF APPLICABLE) FOR ITEM BEING VERIFIED IN SECTION B - Provide the full name of the person who can verify the information you provided on your CcT Activity Entry Form.
For example, if on the CcT Activity Entry Form, you indicated you were a Resident Assistant (RA) in the fall 2012 semester, the name you would provide in this field would be "Barbara Morgan", the Director of Housing and Residence Life. In this case, the director would be the validator, the person to whom you would take the form for validation. She would be able to refer to her list of RA's and confirm (and correct, if applicable) your answers for Section B and complete Section C of your Validation Form. If the validator's specific name is unknown to you, provide the form to the departmental secretary.

SECTION B: TO BE FILLED OUT BY THE STUDENT AND CONFIRMED OR CORRECTED BY THE VALIDATOR

9. The student should complete this section before taking it to his/her facilitator or supervisor for validation.

10. PLEASE VERIFY THAT THE STUDENT HAS RECEIVED, PARTICIPATED IN, OR COMPLETED (NAME OF ACTIVITY, AWARD OR ORGANIZATION) THE AWARD/HONOR, CERTIFICATION, AND/OR ORGANIZATION -
The student should complete this section based on the activity for which he/she is seeking validation.
Below are examples of how this section could be completed for various types of activities:
- | | | | | |
|----|----------------------|------------------|----------------|---|
| a. | For an award/honor: | •Received | Award/Honor | <i>Provide the name of award or honor</i> |
| b. | For a certification: | •Received | •Certification | <i>Provide the name of certification</i> |
| c. | For an organization: | •Participated in | •Organization | <i>Provide the name of organization</i> |
11. AND/OR SERVED AS (POSITION) - Indicate the role the student had for the activity. Below are examples of how to complete Section B for the following types of activities:
- | | | |
|----|-----------------------------|----------------------------------|
| a. | For an award/honor: | Recipient or Honoree |
| b. | For a certification: | Student, Instructor, etc. |
| c. | For a student organization: | Member, President, Advisor, etc. |
12. DURING THE SEMESTER AND YEAR(S) THROUGH SEMESTER AND YEAR(S) - For the start term, indicate the semester and year the student began the activity. For the end term, indicate the semester and year the student was last involved in the activity. For one-time honors and awards, the end term should be the same as the start term unless it covers a specific date range.
13. For a student organization, have the advisor of the organization sign off on the form.
- SECTION C: TO BE FILLED OUT BY THE VALIDATOR**
14. The validator should use a black or blue ink pen, preferably a different ink color than the ink color used by the student to complete his portion of the form. Clearly print your responses to each question.
15. Before completing Section C, the validator should review the information provided by the student in Section B to determine if the information is accurate. The validator should make any necessary changes/corrections and initial those changes/corrections.
16. I (VALIDATOR'S NAME), THE UNDERSIGNED, VERIFY THAT THE INFORMATION REPORTED IN SECTION B IS AN ACCURATE AND TRUTHFUL RECORD OF THE ABOVE-NAMED STUDENT'S INVOLVEMENT -
Print your full name.
17. SIGNATURE - Please sign the form. Your signature is required to complete your request.
18. DATE SIGNED - Indicate the date you signed/verified the student's form.
19. ORGANIZATION/DEPT - Indicate the name of your department and company or organization.

20. TITLE - Provide your job title or your role within the organization.
21. PHONE NUMBER - provide the number where we can most likely reach you during daytime hours, in case we have a question about any of the information you have submitted.
22. E-MAIL ADDRESS - provide the e-mail address where we can most likely reach you, in case we have a question about any of the information you have submitted. This could be your personal e-mail address (e.g. Hotmail, Gmail, AOL, Sbcglobal, etc.) or your work e-mail address.
23. If you have any questions, please contact the Office of Student Affairs at (910) 630-7152.



Co-Curricular Transcript

VALIDATION FORM

The Co-curricular Transcript ("CcT") is an official record of a student's involvement in co-curricular (outside the classroom) activities. Each student must document and submit his/her activities in order to create this official record. Before the Transcript can be generated, the listed activities must be validated.

SECTION A: TO BE FILLED OUT BY THE STUDENT

Name of Student: _____ MU ID Number: _____
Phone Number: (____) _____ MU E-mail Address: _____
Street Address: _____ City/State/Zip: _____
Name of facilitator or supervisor (if applicable) for item being verified in Section B:

SECTION B: TO BE FILLED OUT BY THE STUDENT AND CONFIRMED OR CORRECTED BY THE VALIDATOR

Please verify that the Student has: _____ Received _____ Participated in _____ Completed
 Award/Honor Certification Organization

_____ and/or served as
Name of activity, award or organization
_____ during the semester(s) _____ to _____
Position _____ Summer _____ Summer
 Fall _____ Fall
 Spring _____ Year _____ Spring _____ Year _____

SECTION C: TO BE FILLED OUT BY THE VALIDATOR

I, _____, the undersigned, verify that the information
Validator's name (please print)

reported in Section B (above) is an accurate and truthful record of the above-named student's involvement.

Signature: _____ Date Signed: _____
Organization/Dept.: _____ Title: _____
Phone: (____) _____ Email: _____

THE VALIDATOR MUST RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW for the activity to be added to the student's Co-curricular Transcript ("CcT"). This form is not an official transcript. The CcT officially lists the student's co-curricular activities and is certified as accurate by the signature of the Dean of Students.