



UNIVERSITY of GUYANA

TRANSCRIPT ENTRY AND VALIDATION FORM

(Please type or print all information - use one form for each entry)

ACADEMIC YEAR 20.../20...

Name _____

REG# _____

Please indicate type(s) of activity

_____ **LEADERSHIP EXPERIENCE**

Title _____

Date of Participation _____

_____ **PROFESSIONAL OR EDUCATIONAL DEVELOPMENT**

Activity Name _____

Date of Participation _____

_____ **HONOUR, AWARD, OR RECOGNITION**

Award Received _____

Date Received _____

_____ **ACTIVITY PARTICIPATION**

Activity Name _____

Date of Participation _____

Please provide a description of the activity and your involvement.

Student Signature **Date** **Phone**

Address

Print Name of Verifying Official **Title and Relationship to Student**

Signature of Verifying Official **Date**

