

STUDENT DEVELOPMENT TRANSCRIPT PROGRAM



VERIFICATION FORM

Please complete and return this form to the Office of Student Development (STCN-102):
Office of Student Development
College of the Canyons
26455 Rockwell Canyon Road
Santa Clarita, CA 91355

VERIFICATION FORM DEADLINE: _____

*****VERIFICATION FORMS SUBMITTED AFTER THE DEADLINE WILL NOT BE ACCEPTED*****

Print or Type Only

NAME: _____ DATE: _____

COC ID #: _____ CURRENT SEMESTER & YEAR (ex. Spring 2003): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

EMAIL: _____ PHONE NUMBER: _____

Name of Organization/Department: _____

Position/Title: _____

1) Describe your involvement in this organization. Include description of responsibilities to appear on your transcript.
(Note: the SDTP advisor reserves the right to reword the description to fit on the transcript).

2) List the skills you acquired, learned, or enhanced as a result of your involvement:

The following is to be completed by the ADVISOR/DIRECTOR of the student's co-curricular experience. Please sign this Verification Form to confirm the information presented by the student.

3) Signatures:

Student Signature

Date

Advisor/Supervisor Signature

Date

Advisor/Supervisor: Please Print Name & Title

Phone Number

For more information, please contact, Kelly Dapp, Student Development
Transcript Advisor at (661) 362-3983, or via email: kelly.dapp@canyons.edu.

For Office Use Only

Date Received: _____

Date Inputted: _____

**OFFICE OF STUDENT DEVELOPMENT
COLLEGE OF THE CANYONS**