CO-CURRICULAR TRANSCRIPT PROGRAM
REQUEST FOR PROGRAM FORM
(Please print or type all information clearly)

Title of Program: _________________________________________________________

Date of Program: _______________ Location of Program: _______________

Time/Length of Program: ______________ Facilitator: __________________________
(Please attach a resume/credentials for non-Kean presenter)

Sponsoring Office/Organization: _____________________________________________

Today’s Date: _______________________

*Kean Contact: ____________________________ Phone Number: ________________
*C.C.T. Attendance Sheet Will Be Sent to the K.U. Contact

Campus Address: ___________________________ Email Address: _________________

(For office use only)

Co-Curricular Transcript Component to be credited:

_____ Honors and Scholarships  _____ Educational Workshops and Programs  _____ Career and Life Skills

_____ Community Service  _____ Student Clubs and Leadership Involvement