

## Certification of Co-Curricular Activity Completion

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Date: \_\_\_\_\_ Campus Box: \_\_\_\_\_ Class: \_\_\_\_\_

Concentration: \_\_\_\_\_

Activity:

- Service Learning
- Research Experience/Project
- Internship
- Fieldwork
- Summer Independent Research
- Performance Experience
- Volunteer Work
- Community Service/Project/Work-Study
- Museum Project
- Harwood Fellowship

Description of the completed Co-curricular experience:

---

---

Concentration course requirement this experience replaces:

---

To be completed by the Concentration Coordinator

I certify that the student named above has completed the pre-approved co-curricular activity described above, which may replace one of the four required courses for completion of the concentration.

\_\_\_\_\_  
Signature of Coordinator

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date