

## Certification of Co-Curricular Activity Completion

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

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

Concentration: \_\_\_\_\_  
                            Number                      Title

Activity:

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

Description of the completed co-curricular experience:

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Concentration course requirement this experience replaces and how it relates to the requirements of the concentration:

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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