SSCC Student Development Transcript

DOCUMENTATION FORM

A Student Development Transcript is an official record of your service and involvement while a student at South Seattle Community College. Use this form to document an activity which you would like posted on your transcript. Development Transcripts, which are separate from your academic transcripts, are available in Student Life upon request. For more information, contact: Monica Lundberg (monica.lundberg@seattlecolleges.edu)

Student Name (print Last, First, Middle): __________________________________________________________
Student ID #: ________________________________ Today’s Date: ________________________________
Address: ____________________________________________________________
Telephone: ___________________________ Email: ________________________________

Please check which category you would like this activity to be attributed to:

☐ Activities  ☐ Conferences
☐ Art Gallery  ☐ Honors/Dean’s/President’s List
☐ Awards  ☐ Scholarships
☐ Athletics  ☐ Training
☐ Campus Tour Leader  ☐ Community Service
☐ Service Learning (list course below)  ☐ Women’s Center
☐ SSCC Marketing/Community Outreach  ☐ Work Study
☐ Cultural Center Commissioner  ☐ Student Government Member
☐ Ambassador- International Programs  ☐ Student Success Services Mentor or Peer Tutor
☐ Service & Activity Fee Board Member  ☐ Other Experiences
☐ Student Clubs & Organizations (officer or member)
☐ Committee Assignments (campus wide, such as Tenure, College Council, etc.)

Activity Title and/or Position:
__________________________________________________________________________________________

Activity Date: ___________________ Hours: ______________ Quarter: ______________ Year: __________
Time: __________________________ Location: __________________________
Describe your participation:
__________________________________________________________________________________________
__________________________________________________________________________________________
By signing this form, I am attesting to participation in the above activity.
Student Signature: _____________________________________________________________

SSCC faculty, staff or advisor name and signature verifying attendance and participation:
Name: ___________________________ Signature: ___________________________ Date: ___________

PLEASE RETURN THIS FORM WITHIN 3 WEEKS OF ACTIVITY TO Monica Lundberg,
SSCC STUDENT LIFE OFFICE, JERRY BROCKEY STUDENT CENTER 135

SSCC STUDENT LIFE USE ONLY

Verified by ___________________________________________
Date entered on student’s transcript ____________________________