Leadership Certificate: Documentation of Leadership Activities Form

Complete this form to verify your leadership activities for component 2 if:

• You did not use a KU class to fulfill Component 2
• You did not attend a leadership training or program offered by the Student Involvement & Leadership Center (SILC)
• You were not a Residential Assistant (RA)

To provide documentation for Component 2: Experiential Learning please submit ONE of the following to leadershipcert@ku.edu or Strong Hall 151:

1. A signed Documentation of Leadership Activities Form (page 2 of this document) from a supervisor of an organization, advisor of your student organization, or a KU faculty/staff member that can attest to your leadership experiences. This form can be scanned and returned via e-mail.

OR

2. Pre-approved documentation agreed upon by the Leadership Studies Certificate Team.

Documentation must be submitted to Strong Hall 151 or leadershipcert@ku.edu no later than the last day of final exams to receive certification in a given semester.
Documentation of Leadership Activities Form for the Leadership Certificate

Part I: To be completed by the student. Date:________________________

Student Name:_________________________________________ Student ID number:____________________

Number of Hours spent on project or leadership training:________

Brief summary of leadership experiences and responsibilities:

Part II: To be completed by a supervisor, KU faculty, or KU staff member who can verify your leadership experiences and responsibilities.

Name:________________________ Title:________________________________________

Organization/KU Department:_________________________________________________________

Phone:________________________ E-mail:________________________________________

Please comment briefly on this student’s performance and involvement in the above activity. Attach additional page(s) as necessary.

I acknowledge that the above student satisfactorily completed the leadership experience/program described above.

Supervisor/advisor signature:________________________ Date:________________________