



Student Leadership Academy Registration Form

Personal Information:

Term: Fall/Spring _____

Name: _____ Student ID: _____

Phone Number: _____ Email: _____

Major & G.P.A: _____ Expected Graduation Date: _____

Leadership Information:

Please list leadership experience, extracurricular activities, and volunteer work in which you have been involved. Include leadership positions that you have held.

Goals:

Please state your personal and career goals.

What do you wish to gain through participation in the TSC Student Leadership Academy?

Student Signature: _____

Date: _____

Student Life Representative: _____

Date: _____