OFFICE OF STUDENT CONDUCT CO-CURRICULAR ACTIVITIES FORM

NAME:	
University ID#	
SCHOOL/YEAR:	
LOCAL ADDRESS:	
PHONE:	
E-MAIL:	

ACTIVITY	POSITION/ROLE	HOURS/ WEEK	ADVISOR/COACH

My signature indicates that this information is truthful and represents all of my current elected/selected/ volunteer activities at Georgetown University for 2006-2007 academic year. Misrepresenting or deleting information may result in a charge of False Testimony (Category B violation).

This form must be returned to the Office of Student Conduct, 530 Leavey Ctr.

Signature:	
Date:	