



Student Leadership Institute

Experiential Component Form



1. Complete the top half of the form with your information and Experiential Component Intent.
2. Obtain signature of approval from a SLICC member in TSU 235.
3. Complete chosen activity and obtain verification from supervising professional on the bottom half of the form.
4. Attach Experiential Component essay to completed form and submit to TSU 235.

Name: _____ Primary Phone # _____

University Email:

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@csu.fullerton.edu

Campus Wide ID# [DO NOT WRITE YOUR SOCIAL SECURITY NUMBER]:

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Experiential Component Intent:

What activity/activities will you participate in to complete your hours?

Please explain why you chose this activity and what you hope to get out of this experience:

SLICC USE ONLY: ___Approved ___Not Approved

Experiential Component Verification:

SLI Track: _____ Date Completed: _____
(Semester/Year)

Activity or Event Title: _____ # of Hours Completed _____

Name and Title of Person Verifying Participation: _____

Email Address and/or Phone # of Verifier: _____

SLICC USE ONLY:

Date Received: _____

Received by: _____