

Experiential Engagement Documentation Form

This form verifies the completion of an experiential engagement that fulfills UCLA Honors Program requirements for the College Honors designation on your transcript and diploma.

To ensure timely processing of your petition, please ensure that your supervisor, coordinator, or student organization advisor completes all required fields and provides the necessary signature. **Students are not permitted to fill out or sign** the Experiential Engagement Documentation Form. Incomplete forms will delay approval.

As part of the verification process, we will contact the listed individual to confirm the accuracy of the information provided.

Student Full Name: _____

Title of Experiential Engagement: _____

Organization: _____

Hours of Weekly Engagement: _____

Dates of Participation:

- **Start Date:** _____
- **End Date:** _____

Name of Supervisor/Coordinator/Student Organization Advisor:

Title of Supervisor/Coordinator/Student Organization Advisor:

Contact Information for Supervisor/Coordinator/Student Organization Advisor (*email, phone, or website*): _____

Signature of Supervisor/Coordinator/Student Organization Advisor:

Date: _____

I certify that the above information is accurate and that the student has satisfactorily completed the described experiential engagement by the listed end date.