

## TRIO Student Support Services – Student Activity

<b>Name:</b> _____	_____	_____
First	M.I.	Last
<b>S#:</b> S _____	<b>Phone #:</b> _____	
<b>Email:</b> _____		@student.ccd.edu
Your official CCD email account is the only email CCD will accept for correspondence.		

Name of the Activity: \_\_\_\_\_

Date of the Activity: \_\_\_\_\_

In the space below, please answer the following questions. What aspect of the activity captured your attention? How did you benefit from the activity? What other information would be helpful to know?

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*I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.*

**Student:** \_\_\_\_\_

Print Name Signature Date

<b>Internal Use Only</b>	
<b>Activity Type:</b> <input type="checkbox"/> Academic Skills <input type="checkbox"/> Transfer Awareness <input type="checkbox"/> Career Development <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Community Volunteering <input type="checkbox"/> Social/Cultural Activity	<b>Activity Provided By:</b> <input type="checkbox"/> TRIO SSS <input type="checkbox"/> CCD Partner <input type="checkbox"/> Off-Campus Partner
<b>Staff:</b> _____	_____
Print Name	Signature <span style="margin-left: 100px;">Date</span>
<b>Database Entry (Initial):</b> _____	<b>Date Entered:</b> _____