



Certification Program

Registration Form (Please Fill in all Information)

Name: _____ (M / F) Student ID#: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Local Phone: _____ E-mail: _____

Expected Graduation: _____ Date of Birth: _____

Today's Date: _____ How did you hear about PILOT: _____

Current or Past Campus Involvement: Please Specify Year of Involvement

- ◇ Emerging Leaders _____
- ◇ Campus Activities Board _____
- ◇ Student Media _____
- ◇ Student Government Association _____
- ◇ Greek Organization _____
- ◇ Resident Advisor _____
- ◇ Voltage _____
- ◇ Black Student Union _____
- ◇ Campus Club/Organization _____
- ◇ Resident Student Association _____
- ◇ Student Alumni Ambassador _____
- ◇ Campus Tour Guide _____
- ◇ Multicultural Organization _____
- ◇ Religious Affiliated Organization _____
- ◇ Club Sports/Intramurals _____
- ◇ Leadership Fellows _____
- ◇ Other _____