



Carson College of Business

WASHINGTON STATE UNIVERSITY

FORM B | Club/Organization Participation

Student Name:

Student ID #:

WSU Email:

Which Badge would you like this form to satisfy?

Club/Organization Title:

*This form serves to confirm that the Carson College of Business student listed above **attended at least 3** of the above mentioned club/organization meetings **within 1 semester**. A staff/faculty advisor or supervisor signature is required for this form to be considered valid. Valid submission of this form will help the Carson College of Business student complete required components of the Carson Career Amplifier Program.*

Student Signature: _____ **Date:** _____

Staff/Faculty Advisor or Supervisor Name & Title: _____

Staff/Faculty Advisor or Supervisor Contact Information: _____

Staff/Faculty Advisor or Supervisor Signature: _____ **Date:** _____

