



Carson College of Business

WASHINGTON STATE UNIVERSITY

FORM D | Leadership Experiences

Peer Mentor, Peer Tutor, Resident Advisor, Executive Board Member for Student Club, Ambassador, Cougar Connector, Teaching Assistant, Research Assistant, Orientation Counselor, Committee Involvement, Regular Community Involvement, etc.

Student Name:

Student ID #:

WSU Email:

Name of Company/Organization where activity was completed:

Location:

Title of Your Position or Activity Completed:

Supervisor of the Activity (Name and Position Title):

Supervisor Phone:

Supervisor Email:

Date(s) of Participation: **to**

Total Hours of Participation:





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What was the biggest challenge that you faced during this experience and how did you respond? Use the STAR method to structure your response:

Situation: Describe the specific situation that you were in. This can be from previous job, a volunteer experience, or any relevant event.

Task: Describe the task you needed to accomplish. What was the goal?

Action: Describe the action you took and keep the focus on what you did.

Results: Explain the results you achieved. What happened? How did the event end? What did you accomplish? What did you learn?

This form serves to confirm that the Carson College of Business student listed above provided honest and accurate details about their aforementioned, self-reported involvement. A 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: _____

Supervisor Signature: _____ Date: _____

