NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UB ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
ACADEMIC PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT/ACTIVITY TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER \_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_ CATEGORY\_\_\_\_\_\_\_

EVENT/ACTIVITY TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER \_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_ CATEGORY\_\_\_\_\_\_\_

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EVENT/ACTIVITY TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER \_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_ CATEGORY\_\_\_\_\_\_\_

I (type name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ affirm that the information submitted on this form is accurate to the best of my knowledge.

Date \_\_\_\_\_\_\_\_