

**Coppin State University
Division for Student Affairs
Office of Student Activities**

Charles B. Wright Leadership Institute Application

All information provided on this application must be typed or neatly printed in blue or black ink. All attached information must be typed. Return completed application to the Office of Student Activities.

Please read through the following information that summarizes the requirements of participation in the Leadership Program (Emerging and Experienced) and sign below to indicate that you agree to uphold them.

1. Participants must be in good academic standing at the end of the following semester. The Office of Student Activities staff will verify all submitted information.
2. Participants must have no active judicial sanctions or pending judicial cases, and must not be given any judicial sanctions while participating in the Leadership Program (Emerging and Experienced). The Office of Student Activities staff will verify this information.
3. Participants must begin to establish experiences through workshops and participation in activities for the Leadership Development Transcript.
4. Plan to:
 - Join at least one club or organization during or before the end of the fall or spring semester.
 - Attend the CBW Leadership Workshops (TBA).
 - Maintain at least a 2.5 cumulative GPA.
 - Seek on campus volunteer/employment opportunities.
 - Document at least one experience on your leadership transcript during or before the end of the fall and or spring semester.

Name: _____

Home Address: _____

Residence Hall and Room: _____ Campus Box #: _____

Phone: _____ Email: _____ @student.coppin.edu

Emergency Contact: _____ Relationship: _____

I agree to uphold these standards and to attend the Emerging/Experiences Leaders Lecture and Student Leadership Transcript Workshop. I will contact the Office of Student Activities should any emergencies occur. In return for my participation, I will be recognized in a campus ceremony at the completion of one year in the Leadership Program (Emerging & Experienced).

Signature

Date

LIST OF REFERENCES

Please list three references (one peer, and one faculty or staff, and/or professional)

Name: _____ **Email:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Email:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Email:** _____

Phone: _____ **Relationship:** _____