

Fraternity & Sorority 5-Star Resume Verification Sheet

PLEASE PRINT CLEARLY

Name of Organization Submitting this Form: _____

Participant Name: _____

BANNER ID#: _____

Name of Advisor/Faculty: _____

Date of Service: _____

Advisor/Faculty Verification Information

By signing this form, you indicate that you assisted the student in developing their resume.

Advisor/Faculty Signature

Date

Phone Number

E-mail Address

Office Location