~ Student Activity Record ~

NAME _____ **MONTH** _____ **YEAR** _____

SENATE MEETING DATES/HRS	ACTIVITY/ EVENT	DATE/HRS	SENATE/CAMPUS COMMITTEES	DATE/HRS	MISC./OTHER	DATES/HRS
TOTAL _____		**TOTAL** _____		**TOTAL** _____		**TOTAL** _____

Please write here what you have learned from your involvement (i.e. self-awareness, leadership development, team-building skills, etc.) in Student Senate this month. What are you learning that you can apply throughout life? What may you not be getting out of being involved? Any and all reflections are welcome.

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Director of Student Activities _____ ***Date*** _____