Stark State College
Upward Bound Math-Science Academy
Extra-Curricular Activity Form
AY 2011-2012

Student Name: _______________________________________________________________________

School Attending: _____________________________          Current Grade: _____________________

Name of Guidance Counselor: ____________________________   Current GPA: ____________

SECTION I: STUDENT ACTIVITY
List below the name and date of the school activity that will conflict with your participation at a monthly Saturday Session or bi-weekly, after-school College Connection Session:

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<tr>
<th>Date/Day</th>
<th>Activity</th>
<th>Beginning time</th>
<th>Ending time</th>
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ATTACH YOUR TEAM / CLUB CALENDAR AS VERIFICATION OF THESE ACTIVITIES

SECTION II: VERIFICATION OF SCHOOL OFFICIAL
Please obtain the signature of the coach, teacher, or other school official who will conduct or be responsible for the above listed activity:

I understand by signing below that the above said student will participate in the activities outlined in section one of this form. By signing below, I am verifying the above, date, activity, and duration of participation is accurate for the said student:

Name of School Official (Please Print)  Signature of School Official    Date

SECTION III: PARENT AND STUDENT SIGNATURE

I understand that Saturday Sessions and College Connection are a mandatory component of the UBMS Academy. I also understand that my student will be expected to participate in these activities once the above sport/extra-curricular activity concludes:

Parent/guardian signature           Date

________________________________________________________________________

Student Signature          Date

**Please Note**
Complete as many of these forms as needed for each activity that will conflict with an UBMS activity.
This form must be received prior to your absence with the appropriate signatures.