



**Loyalist College  
Academic Operational Policies**

**Appendix A: Student Participation Form**

This form is to recognize \_\_\_\_\_'s participation in the following  
College activity: \_\_\_\_\_  
(Student's Name)

- Varsity Athletics: \_\_\_\_\_ (Team)
- Student Government
- College Board of Governors
- College activity: \_\_\_\_\_

Program: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Semester: \_\_\_\_\_

Activity Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign)

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign)

I agree that I have familiarized myself with Loyalist College policy and any related policies, regarding student participation in Varsity Athletics, Student Government, or the College Board of Governors. I understand my responsibilities and will adhere to this policy to the best of my ability.