

Southeast New Mexico College 1500 University Drive Carlsbad, NM 88220 (575) 234-9200, Fax: (575) 885-4951

Co-Curricular Activity Application Form

Before proceeding with the application form, please review the Co-Curricular Information document for essential details and guidance.

Required				
1.	Name of Applicant: * Full name			
2.	SENMC Email *			
3.	Department/Group/Club: *			
4.	Name of Proposed Co-Curricular Activity: *			
5.	Activity Description: * Provide a short description of the co-curricular activity			
6.	Event Dates *			
7.	Describe the Frequency (e.g., weekly, monthly, or annually). *			
8.	Does this activity satisfy <u>all</u> the criteria for it to be considered a co-curricular activity? * Refer to the co-curricular Information Form Section I.			
	○ Yes ○ No			

9.	Which of the following outcomes do you aim to achieve through this activity? *			
	Refer to the	e co-curricular Information Form Section II. (Check all that apply)		
	Г	Leadership (organization of events, visibility)		
	Г	Communication		
	Г	Quantitative Reasoning		
	Г	Critical Thinking		
	Г	Personal and Social Responsibility (teamwork)		
	Г	Information and Digital Literacy		
10.	Explain h	ow each previously selected outcome will be achieved. *		
	Example Response for Outcome Selected: Communication: Students will practice verbal and written communication through structured presentations and discussions.			
11.	Would yo	ou like to award Merit badges at the end of this activity? * Yes	12.	
	Ċ	No		
13.	8. By submitting this form, I confirm that the information provided is accurate and complete to the best of my knowledge. I have reviewed the Co-Curricular Information form and fully understand the definition, purpose, and requirements of a co-curricular activity at SENMC. I understand that this form will be reviewed to determine eligibility as a co-curricular activity; however, submission does not guarantee approval. I acknowledge that only SENMC students who are leading or organizing the event will be assessed, while participants will not be assessed. Following the activity, I agree to complete the Co-Curricular Assessment Form to evaluate the outcomes achieved. If I have any questions or require clarification regarding the criteria or process, I will seek guidance from the Chair of the Assessment Committee, the Chair of the Curriculum Committee, or the VPAA before submitting this form. *			
	С	Yes		

Note: the completed application form should be emailed to the VPAA.