

# evidence student advocate.

First and last name: \_\_\_\_\_

Study program: \_\_\_\_\_

## 1 confirmation of activities.

Student representative in one of the following functions or committees:

Function/committee	Minimum requirements	Time period
Class Representation	Entire duration of study program	
Study Program Representation	Minimum of 2 semesters	
MCI University Representation	Minimum of 2 semesters	
Representation in the Academic Council	Minimum of 2 semesters	
Department/Unit, Deputy, Clerk	Minimum of 2 semesters	

Date and signature Student & Career Center:

## 2 confirmation of reflection

Submission of a reflection on achievements, highlights, main themes, etc. in an appropriate format (*this can be a paper, a screencast, a short video or a blog entry*).

Date and signature öh mci:

**Submission of confirmation/proof:** Have your function/role confirmed via signature on the form from the Student & Career Center: [badges@mci.edu](mailto:badges@mci.edu). Send your reflection and the form for reviewing and confirming to: [info@oeh-mci.at](mailto:info@oeh-mci.at). In order to receive the badge, please send the completed form to: [badges@mci.edu](mailto:badges@mci.edu).