

EXTRA MILE COMPLETION FORM

Please complete form, obtain advisor signature, and return to c-thomas@tti.tamu.edu by no later than April 30, 2025.



Senior's Name: _____ Graduation Date: _____

School: _____ City, State: _____

Please list the 2 Focused Activities you planned and led (include activity dates):

This information should correspond with submitted activity forms.

Please list the 1 Required Activity you helped plan and actively participated in (include activity date):

This information should correspond with submitted activity form.

I confirm that this student planned and led 2 Focused Activities and planned and participated in 1 Required Activity and the required Activity Forms have been submitted via www.t-driver.com.

Advisor Signature: _____

Advisor Name: _____

Advisor Email Address: _____