NOTIFICATION OF INTENT TO COMPLETE THE CERTIFICATION IN COLLEGE TEACHING PROGRAM
COLLEGE OF COMMUNICATION ARTS & SCIENCES

NAME: _____________________________________________________

DEGREE PROGRAM: ________________________________________
(Com PhD, CSD PhD, IMPhD)

YEAR PROGRAM STARTED _____________

TOEFL SCORE ________________ Gre SCORE ________________

APPROVALS

We, the undersigned, acknowledge that we have been made aware of the student’s intent to complete the University Certification in College Teaching Program:

APPROVED: ______________________________________
Guidance committee chair

____________________________________
Teaching Department Chair

____________________________________
Associate Dean for Graduate Studies

MENTOR APPROVAL

I agree to oversee the student’s Certification in College Teaching Program:

APPROVED: ______________________________________
Mentor name

____________________________________
Mentor signature

Submit to Graduate Secretary

Cc: Student; Guidance Committee Chair; Teaching Department Chair; Associate Dean for Graduate Studies