

**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

