|  |  |
| --- | --- |
|  | Graduate College (1) Graduate College Communication Certification Completion Form |

|  |  |
| --- | --- |
| Applicant Information | |
| First Name:       Last Name:       NSHE ID: | |
| Department:       Degree Plan:       Rebelmail: | |
|  |  |
| Program Requirements & Culminating Experience Requirements | |
| I have participated in one Grad Rebel Writing Boot Camp session and either the Rebel Grad Slam or Graduate Showcase..  I have attended all 4 mandatory cohort meetings.  I have properly registered for, and successfully completed, a minimum of 4 GCCC approved workshops.  I have submitted the *GCCC Workshop Attendance Form* in both the Fall and Spring semesters.  I submitted my communication portfolio on-time, and I presented it at the final meeting. I also provided feedback to my  colleagues. | |
| Academic Standing & GCCC Graduation | |
| I am in good academic standing in my department and with the Graduate College.  I am applying to graduate from the Graduate College Communication Certification program so that I can receive my  Certificate of Completion and have my transcript annotated accordingly. I understand that within one semester after  completing the GCCC, I will receive a Certificate of Completion and a note on my transcript showing this accomplishment. | |
| Student and Faculty Signatures | |
| Graduate students are required to have their faculty advisor and graduate coordinator/department chair approve their participation in the GCCC program. All signatures certify that the information on this form is accurate and that all parties involved agree to the terms and conditions of this program.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Student (Type Name) |  | Virtual Student Signature accepted for 2019-2020 completion form | Date |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  | | | Faculty Advisor (Type Name) |  | | Virtual Faculty Advisor Signature accepted for 2019-2020 completion form | | Date | | |  |  | |  | |  | | | Graduate Coordinator / Department Chair (Type Name) |  | Virtual Graduate Coordinator / Department Chair Signature accepted for 2019-2020 completion form | | Date | | | |

|  |  |
| --- | --- |
| **GRADUATE COLLEGE USE ONLY** |  |
| Cumulative GPA:       Good Standing:  Yes  No  Attended 4 Cohort Meetings:  Yes  No Completed 4 Workshops & Culminating Experience:  Yes  No | |
| **COMMENTS:**  MyUNLV & Transcript Note  Email & Certificate Sent **Code**: 78 | |