|  |  |
| --- | --- |
|  | Graduate College (1) Graduate College Mentorship Certification Workshop Attendance Form  |
|  Student Information  |
| First Name:       Last Name:       NSHE ID:       |
| Department:       Degree Plan:       Rebelmail:       |
| Semester/Year:       |  |
| Workshop Attendance |
| [ ]  I did not complete GCMC workshops this semester (**Reminder**: You must complete a minimum of 5 workshops by the end  of the program).[ ]  I completed GCMC workshops this semester. Please list them below:

|  |  |
| --- | --- |
| **Workshop Title** | **Date** |
| 1.
 |  |
| 1.
 |  |
| 1.
 |  |
| 1.
 |  |
| 1.
 |  |
| 1.
 |  |

 |
| Student and Faculty Signatures |
| Graduate students are required to have their faculty advisor and graduate coordinator/department chair approve their participation in the GCMC 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 workshop attendance form | Date |

|  |  |  |  |
| --- | --- | --- | --- |
|       |  |       |       |
| Faculty Advisor (Type Name) |  | Virtual Faculty Advisor Signature 2019-2020 workshop attendance form | Date |
|       |  |  |       |
| Graduate Coordinator / Department Chair (Type Name) |  | Virtual Graduate Coordinator / Department Chair Signature 2019-2020 workshop attendance form | Date |

|  |  |
| --- | --- |
| **GRADUATE COLLEGE USE ONLY** |  |
| Cumulative GPA:       Good Standing: [ ]  Yes [ ]  No Workshops: [ ]  Yes [ ]  No |
| **COMMENTS:**  [ ]  MyUNLV Service Indicator Note **Code**: 73 |

 |