

Student Information

First Name: Last Name: NSHE ID:
 Department: Degree Plan: Rebelmail:
 Semester/Year:

Workshop Attendance

- I did not complete GCTC workshops this semester (**Reminder:** You must complete a minimum of 3 workshops by the end of the program).
- I completed GCTC workshops this semester. Please list them below:

Workshop Title	Date
1.	
2.	
3.	
4.	

Student and Faculty Signatures

Graduate students are required to have their faculty advisor and graduate coordinator/department chair approve their participation in the GCTC 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)	Student Signature	Date
Faculty Advisor (Type Name)	Faculty Advisor Signature	Date
Graduate Coordinator / Department Chair (Type Name)	Graduate Coordinator / Department Chair Signature	Date

GRADUATE COLLEGE USE ONLY		
Cumulative GPA:	Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Workshops: <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:		
<input type="checkbox"/> MyUNLV Service Indicator Note		Code: 74