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| Graduate College (1) | C:\Users\dibened2\AppData\Local\Temp\Temp1_Horizontal.zip\Horizontal\Career Services Logo.png Post-Graduate Career PathwaysProgram Completion Form |

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| Applicant Information | |
| First Name:       Last Name:       NSHE ID: | |
| Department:       Degree Plan:       Rebelmail: | |
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| Program Requirements & Culminating Experience Requirements | |
| I have attended a minimum of 4 workshops.  I have attended all 4 mandatory cohort meetings.  I have attended a 1:1 goal setting meeting with an assigned employer.  I have attended 1 day of Job Shadowing with an assigned employer.  I have met with a Career Counselor to have my resume reviewed.  I have completed a mock interview.  I have submitted the *Post-Graduate Career Pathways Program Workshop Attendance Form* in both the fall and spring  semesters.  I submitted my reflection paper on-time, and I presented it at the Final Cohort Meeting.  I have completed all program assessment surveys. | |
| Academic Standing & Program Completion | |
| I am in good academic standing in my department and with the Graduate College.  I am applying to graduate from the Post-Graduate Career Pathways Program so that I can receive my Certificate of  Completion. I understand that within one semester after completing the program, I will receive this certificate. | |
| Student and Faculty Signatures | |
| Graduate students are required to have their faculty advisor and graduate coordinator/department chair approve their participation in the Post-Graduate Career Pathways 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 program completion form | Date |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Faculty Advisor (Type Name) |  | Virtual Faculty Advisor Signature accepted for 2019-2020 program completion form | Date | |  |  |  |  | | Graduate Coordinator / Department Chair (Type Name) |  | Virtual Graduate Coordinator / Department Chair Signature accepted for 2019-2020 program completion form | Date | | |

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| **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  Email & Certificate Sent **Code**: 85 | |