**DATA SCIENCE**

**RELATED EXPERIENCE**

**Verification Form**

|  |  |
| --- | --- |
| **To be completed by the student** | |
| **Date:** |  |
| **Name:** |  |
| **E-mail:** |  |
| **UMID:** |  |
| **Data Science-related experience you completed:** | |
|  | * Internship * Practicum or Professional Project * Research Project (related to Data Science) * Additional course work (course taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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| **To be completed by the academic/research advisor** | | |
| The following student is planning to graduate this semester with the Data Science Certificate.  Please confirm that the student successful completed the experience chosen above to meet the Data Science-related experience equivalent to a three-credit course. | | |
| **The Data Science-related experience was:** | * **Completed** | * **Not completed** |
|  | | |
|  | |  |
| **Print Name** | | **Uniqname** |
|  | |  |
| **Academic/Research Advisor’s Signature** | | **Date** |