**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |

|  |
| --- |
| **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** |