

**DATA SCIENCE
RELATED EXPERIENCE
Verification Form**

To be completed by the student

Date: _____

Name: _____

E-mail: _____

UMID: _____

Data Science-related experience you completed:

- Practicum or Professional Project
- Research Project (related to Data Science)
- Other with prior approval from GDSD director (_____)

Date of presentation at MIDAS Summit: _____

Or other prior approval from GDSC director (event/date): _____

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 successfully 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