

**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 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**

<b>Print Name</b>	<b>Uniqname</b>
<b>Academic/Research Advisor's Signature</b>	<b>Date</b>