

***To be completed by the Student wishing to apply to the Certificate in Interdisciplinary Leadership.***

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ UofA ID \_\_\_\_\_

UofA email \_\_\_\_\_

I request permission to participate in the four INT D courses required for completion of the Certificate in Interdisciplinary Leadership.

I \_\_\_\_\_ acknowledge that permission will only be granted if I am in good academic standing and the courses requested fit my program requirements.

If I am accepted, I grant permission for Certificate staff to register me in INT D 301 and 306 in F18/W19 and INT D 406 and 407 in F19/W20. I acknowledge that I will be responsible for the tuition and fees associated with the course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***To be completed by an Associate Dean or designated Student or Program Advisor in your home Faculty:***

What degree program is the student currently registered in? \_\_\_\_\_

Number of courses completed as of the end of Winter 2018 term (based on current registration) \_\_\_\_\_

Number of courses remaining to complete degree, as of end of Winter 2018 term (based on current registration) \_\_\_\_\_

**The Certificate requires students to complete four INT D courses over a 2-year period (Fall 2018 – Winter 2020).** In addition, students must complete a 200 hour stretch experience (not for credit) in the Spring/Summer 2018.

Does this student have room to complete four 3\* INT D courses and stretch experience in their current program? **Y / N**

If NO, are there any changes that could be made to the student's current schedule to accommodate these courses? Would courses extra to degree be permitted? Are there any other degree requirements that would interfere with the student's ability to take these four courses? Please indicate in the space below. If no accommodations will be permitted, please indicate "no accommodations".

\_\_\_\_\_

\_\_\_\_\_

**Students must normally be in full-time study during the 2 years required to complete the Certificate. Certificates must be completed before students graduate from their current degree program.**

Does the student have room in their program to be a full time student in each of the 2018 and 2019 academic years? **Y / N**

Does the student have room to complete the Certificate before graduation from their current degree program? **Y / N**

Based on the above information, do you permit this student to enroll in INT D 301 and 306 in F18/W19 and INT D 406 and 407 in F19/W20? **Y / N**

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_