

CDE-RELATED EXPERIENCE Verification Form

To be completed by the student

Date: _____

Name: _____

E-mail: _____

UMID: _____

CDE-related experience you completed:

- Internship
- Practicum or Professional Project
- Research Project (related to CDE)
- Additional course work (course taken: _____)

To be completed by the academic/research advisor

The following student is planning to graduate this semester with the Computational Discovery and Engineering (CDE) Certificate.

Please confirm that the student successfully completed the experience chosen above to meet the CDE-related experience equivalent to a three-credit course.

The CDE-related experience was: Completed Not completed

Print Name	Uniqname
Academic/Research Advisor's Signature	Date