# **Graduate Certificate in College Teaching - Certificate of Completion**

**Step 1. Advisor recommendation to the Coordinator of the Office of Graduate Teaching Excellence (OGTE).**

Student Name:

Student ID:

This certifies that the above named student has completed the requirements listed below for the Graduate Certificate in College Teaching.

| **Course Name** | **Course #** | **Semester Completed** |
| --- | --- | --- |
| Category 1: |  |  |
| Category 1: |  |  |
| Category 2: Practicum in College Teaching |  |  |
| Category 2: Practicum in College Teaching |  |  |
| Category 3: Ph.D. *e*Portfolio |  |  |

Advisor Name:

Date of Certificate Completion (mm/dd/yyyy):

I further certify that I have reviewed the requirements for the Graduate Certificate in College Teaching, the student’s coursework and teaching portfolio and this student completed the 12 semester hours required to obtain the Graduate Certificate and recommend awarding of the Graduate Certificate in College Teaching.

Advisor Signature Date

Student Signature Date

**Step 2. Coordinator of OGTE recommendation to the Graduate College**

The Coordinator of the OGTE certifies that this student has completed the 12 semester hours required to obtain the Graduate Certificate, and recommends that the Dean of the Graduate of College grant the Graduate Certificate in College Teaching.

Signature of Coordinator of OGTE Date

Signature of Dean of Graduate College Date