CERTIFICATION OF ADVANCED RESEARCH SKILL

Department of Political Science
University of California, Irvine

Student name: _____ Date:_____
Last First

This is a request for certification of completion of (check one option):

A. _____ Advanced quantitative research skill

B. _____ Advanced qualitative research skill

(Note: If you are demonstrating proficiency in a foreign language, use the "Completion of Foreign Language" form.)

Coursework completed at UCI:

Dept. and course number	Course title	Professor	Quarter & year	Units	Grade

Coursework completed elsewhere (including summer intensive programs):

Institution	Dept. and course number	Course title	Term & year	Quarter or semester	Grade

For courses taken at other institutions, also attach a copy of the syllabus and transcripts or certificates of completion.

_____ Advanced Research Skill requirement is certified as completed

_____ Advanced Research Skill requirement is not certified as completed.

Explanation:

Signature of Graduate Director Date