

Certification of Advanced Research Skill

Department of Political Science

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
C. _____ Mixed advanced quantitative and qualitative research skill

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

Coursework completed at UCI:

Department/Course Number	Course Title	Professor	Quarter/Year	Units	Grade

Coursework completed elsewhere (including summer intensive programs):

Institution	Department/Course Number	Course Title	Term/Year	Quarter or Semester	Grade

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

For graduate director:

- _____ Advanced Research Skill requirement is certified as completed.
_____ Advanced Research Skill requirement is not certified as completed.
Explanation: _____

Signature of Graduate Director

Date