



2-29 TRIFFO HALL

Student ID	Student Last Name, First Name																																						
Department	Degree Program	Specialization (if any)																																					
<p>I certify that my:</p> <p>Professional Development requirement - Individual Development Plan is:</p> <p><input type="radio"/> complete (mandatory if admitted after September 2016)</p> <p><input type="radio"/> not required (student began program before September 2016; department exempt)</p> <p>Professional Development requirement – 8 hours of Professional Development Activities (as recorded below) is :</p> <p><input type="radio"/> complete (mandatory if admitted after September 2016)</p> <p><input type="radio"/> not required (student began program before September 2016; department exempt)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:70%;">Description of Professional Development Activity</th> <th style="width:15%;">Time (hours)</th> <th style="width:15%;">Date Complete</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Hours:</td> <td> </td> </tr> </tbody> </table>				Description of Professional Development Activity	Time (hours)	Date Complete																															Total Hours:		
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Student Signature (digital or hand-written)		Date																																					

Completed and retained by Graduate Coordinator/Administrator		
<p>I certify that:</p> <p>Professional Development requirement (Individual Development Plan and 8 hours of activities) is:</p> <p><input type="radio"/> complete (mandatory if admitted after September 2016)</p> <p><input type="radio"/> not required (student began program before September 2016; or department/student exempt)</p>		
Name of Supervisor/Career Mentor	Signature	Date
Name of Graduate Coordinator/Administrator	Signature	Date

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