

Integrative Geographic Information Science Doctoral Program Academic Forms

GIS Proficiency Form

Date: _____

Student Name: _____

Name of Academic Advisor: _____

TO THE STUDENT: LIST ALL APPLICABLE COURSES, TRAINING SESSIONS OR ACTIVITIES. FOR NON-UB COURSES, ATTACH A COPY OF THE COURSE OUTLINE AND PROOF OF SUCCESSFUL COMPLETION.

Course Name/Number or Training Session Name	School or Location and Semester or Dates Taken	Grade

Certification of Reviewer:

IGERT GIS Proficiency Requirement is (check one)

Satisfied

Not Satisfied

Signature: _____ Date: _____

TO THE REVIEWER: LIST ADDITIONAL COURSEWORK OR TRAINING REQUIRED, IF ANY:

**Return Original Form to NCGIA Office, 301 Wilkeson Quad. Student
should retain a photocopy**