

Certificate in Leadership Development

Please attach a copy of your unofficial transcript

Name: _____ Student ID Number: _____

Phone Number: _____ Email: _____

Address: _____

Major(s): _____ Year of Graduation: _____

MINIMUM OF SIX (6) REQUIREMENTS TO QUALIFY FOR CERTIFICATE

See the list of applicable courses under each section indicate.

Questions please contact the Social Science Academic Resource Center (ssarc@uci.edu)

SECTION I: ATTENDANCE OF SSARC | SPEAKER SERIES WORKSHOP

Yes

SECTION II: Experiential – ONE (1) INVOLVEMENT REQUIRED

- See the list of certified involvements under the designated section for a list of applicable courses

Name of Organization/Involvement	Position
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SECTION III: Leadership – ONE (1) COURSE REQUIRED

- See the list of certified classes under the designated section for a list of applicable courses

Course Name & Number	Instructor	Department
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SECTION IV: Communication – ONE (1) COURSE REQUIRED

- See the list of certified classes under the designated section for a list of applicable courses

Course Name & Number	Instructor	Department
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SECTION V: Diversity – ONE (1) COURSE REQUIRED

- See the list of certified classes under the designated section for a list of applicable courses

Course Name & Number	Instructor	Department
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SECTION VI: Teamwork – ONE (1) COURSE REQUIRED

- See the list of certified classes under the designated section for a list of applicable courses

Course Name & Number	Instructor	Department
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