



Career Skills Completion Verification Form *(individual student)*

Department will submit completed form to GradSuccess@marquette.edu

Hosting Unit: _____ **Date:** _____

Student Name: _____ **MUID:** _____

Student Program: _____

Career Skill Being Met (Check One)

- _____ 8097 Career Discernment
- _____ 8098 Communication
- _____ 8099 Diversity, Equity, and Inclusion

Workshop/Experience Title: _____

Date of Workshop/Experience Completion: ____/____/____

Workshop/Experience Facilitator or Supervisor (Name):

_____ I attest that the student attended, participated in, and fully completed the workshop/experience noted above

Signature of Workshop Facilitator (or DGS if within a Dept)

Signature of DGS from Student's Program