



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 Establishing Healthy Professional Communities

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