

River Studies and Leadership Certificate Student Program Sheet

Name:			
University/Col	lege:		
School Email:		Personal Email:	
Mailing Addres	SS:		
City:	State	ziP Co	ode:
Phone Numbe	r:		
I, (student signature)	, hereby certify	/ that on (date)
I have completed a	Il the coursework listed belo	w. (Please attach a copy of	your transcript.)
Name of RSLC Advisor at home institution		Signature	Date
Name of RSLC Coordinator at RMS		Signature	Date
A "C" or higher i	s required for all coursewor	ecified, as they vary between k. ne fulfillment of one certificat	
Geographic Inform	Required ation Systems Core Cour	Core Courses:	
Course Name:		Course Nun	nber:
# of Credits:	Grade Earned:	Semester Ta	aken:
River Science (ONI	E course):		
Course Name:		Course Nun	nber:
# of Credits:	Grade Earned:	Semester Ta	aken:
River Policy (ONE	course):		
Course Name:		Course Nun	nber:
# of Credits:	Grade Earned:	Semester Ta	ıken:
River Safety Requi	rement (ONE course or ed	quivalent experience):	
Course Name:		Course Nun	
# of Crodite:	Crado Earnad:	Competer To	okon:

Emphasis Area Courses:

Emphasis Coursework (TWO courses in ONE emphasis area): Emphasis Area: Course Number: Course Name: Grade Earned: # of Credits: Semester Taken: Course Name: Course Number: # of Credits: Grade Earned: Semester Taken: **Professional Experience Requirement:** In the box below, briefly describe your credit-earning internship, paid internship, paid professional experience, independent study, or course-related professional experience that satisfied the 90-hour professional experience requirement. Please include who you worked for, dates of experiences, and major tasks and outcomes. **Presentation/Written Requirement:** Title of Presentation or Article: Date of presentation/publication: Location of presentation/publication: Link to presentation/publication (if applicable): Summary of presentation/publication: