

New Certificate Transmittal Form

Department Name and Number _____	CIP Code _____
Certificate Name _____	
Transcript Title (maximum 50 characters) _____	
Effective Year and Term _____	Amount of Credit _____
Certificate Description (50 words or less)	
Requirements (courses, internships, etc.)	
Prerequisites	
Certificate Level <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional Other	
Rationale and place in curriculum	

Student Learning Outcomes: List each outcome with its associated courses, assessment type (e.g. course-related exam/assignment/grade, final paper/project/presentation, standardized exam, capstone) and method (e.g. rubric, faculty committee, single faculty member).

Courses	Content			Critical Thinking
	SLO 1	SLO 2	SLO 3	SLO 4
SPA 3011	I, R			I
SPA 3032	I	I		I
SPA 3101	I			I
SPA 4004	I			
SPA 4104	I	I		
SPA 4250	R, A	I, R, A	I, A	R, A
SPA 4400	R, A	I, R, A	I, A	I, R, A
SPA 4302	R, A	I, R, A	I	R
SPA 4321	R	R, A	R, A	R, A

Department Contact	Name	Email
	Phone	
College Contact	Name	Email
	Phone	