

## CERTIFICATE OF COMPLETION FOR PROFESSIONAL ENHANCEMENT REQUIREMENT

Submit this completed form to the Director of Career Services

BARRY ID#: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BARRY EMAIL: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

ENTERING DATE: \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

### Professional Enhancement Requirements must be met (and reported) by the following dates:

- **Spring/ Summer- October 15<sup>th</sup>** of the semester prior to expected graduation.
- **Fall- March 15<sup>th</sup>** of the semester prior to expected graduation.

### Student Acknowledgement:

*I certify that I have completed a minimum of six (6) Professional Enhancement hours, which includes one (1) hour of Cultural Competency as required for graduation.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY:

One hour of cultural competency:     YES     NO

Completed all 6 hours:     YES     NO

Total of Completed PEP Hours: \_\_\_\_\_

Director of Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_