

CIDE COLLABORATIVE SPECIALIZATION STUDENT RECORD

Personal Data

Title: Mr., Mrs., Ms. Dr. Gender _____ Student No.

Family Name:

First Name and Initial:

Permanent Mailing Address: _____

City & Postal Code: _____ Telephone Number:

Permanent Email Address: _____ Country:

Registration Data

CIDEC Specialization Requirements

1. Courses: a) Mandatory CIE 1001¹, b) 1 additional core course C) 2 additional core or

List the CIDE core courses in which you are currently enrolled in the table below.

| <i>CIDE Core Course Title</i> | <i>Course Number</i> | <i>Term</i> <small>(Semester, Year)</small> <i>Completed</i> | <i>Instructor</i> |
|-------------------------------|----------------------|---|-------------------|
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CIDE Elective Courses

List the CIDE elective courses you have completed, and the year completed below.

| <i>CIDE Elective Course Title</i> | <i>Course Number</i> | <i>Term</i> <small>(Semester, Year)</small> <i>Completed</i> | <i>Instructor</i> |
|-----------------------------------|----------------------|---|-------------------|
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NOTE: Only certain versions of special topics courses are accepted for CIDE credit. Please see the CIDE Course Lists for accepted special topics courses.

2. Attendance at CIDE Seminar

Title and Date of CIDE Seminars

Example: "All you need to know about applying for Attending Conferences" Carly Manion, September 20, 2016

1. _____
2. _____
3. _____
4. _____
5. _____

Title and Date of Newsletter Contribution (if applicable):

Approved submission of Reflective Summary (if applicable) on Seminar for CIDE repository equivalent to attendance at one CIDE seminar. Yes ___ No ___ Initial: ____

