

**MSU College of Nursing Certificate in College Teaching**

**Application**

Date:

Full Name:

PID:

E-mail:

Degree Program:

Expected Date of Graduation:

Phone:

Address:

Check if Attached:

Statement of Interest: \_\_\_\_\_

(Statement of interest will include career goals and commitment to the  
Certificate in College Teaching Program)

Letter of Support from Major Professor (representing approval of guidance  
committee: \_\_\_\_\_)

Proposed Program Plan: \_\_\_\_\_ (Coursework)

Student Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Major Professor Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Program Director:

\_\_\_\_\_ Date: \_\_\_\_\_

CCTP Coordinator Signature:

\_\_\_\_\_ Date: \_\_\_\_\_