

# CERTIFICATE IN TEACHING CRITICAL THINKING

## PROGRAM FORM

STUDENT LAST NAME, FIRST MIDDLE

CIN #: \_\_\_\_\_

### Course Selection

**NOTE: Students must consult with a graduate advisor when selecting electives**

Course Number	Course Title	Units	Quarter Completed
PHIL 580	Seminar: Critical Thinking	4	
PHIL 581	Projects in Teaching Philosophy	4	

**When Program is completed, the graduate advisor should be notified. The advisor will then complete the Critical Thinking Certificate Report Form, and forward it to the Records Office.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date