Updated: Jan 2019

WSSS
WATER: SYSTEMS, SCIENCE & SOCIETY

Intent to Complete Form

This form declares the student's completion of the WSSS program requirements and is required to receive a Certificate of Completion. This should be filled out at the beginning of the student's final semester in WSSS.

Name: Student ID:

Degree Program:

School/Department:

Expected Graduation Date (*month/year*):

Primary Academic Advisor Name:

School/Dept/Program:

Fill-in the information ONLY for the track COMPLETED

☐ **PRACTICUM TRACK**

☐ Participated in a WSSS-Approved Practicum

Title and Location:

Semester Completed:

☐ Completed a water-focused internship, an Interdisciplinary Professional Experience

(IPE) Site/Location:

Dates Completed:

☐ Participated in the coordination of a WSSS Symposium

Year Completed:

☐ Completed the required WSSS-Approved courses

List the course number and title. If the class is not a pre-approved course, attach the Course Approval Form.

Course 1:

Course 2:

☐ Attached official or unofficial Tufts transcript

Return completed form to the WSSS Program Office
Tufts Institute of the Environment,196 Boston Avenue, Suite 3900. Medford, MA 02155 Fax: 617-627-4140 – Email: wsss@tufts.edu

☐ **RESEARCH TRACK**

☐ Drafted a publication-ready, scholarly journal article of your research project

Paper Title:

Journal (tent.):

☐ Attached a copy of your publication-ready, scholarly journal article/written report

☐ Presented your research at a conference (please remember to take pictures)

Presentation Title:

Conference Location:

Conference Date:

☐ Completed the required WSSS-Approved courses

List the course number and title. If the class is not a pre-approved course, attach the Course Approval Form.

Course 1:

Course 2:

Course 3:

☐ Participated in the coordination of a WSSS Symposium

Year Completed:

☐ Attached official or unofficial Tufts transcript

Required Signatures

Student (E-Signature is acceptable)

Name: Signature: Date:

----------OFFICE USE ONLY----------

TIE Administrator

Name: Signature: Date:

WSSS Steering Committee Member

Name: Signature: Date:

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