

Intent to Earn the CALS Leadership Certificate

Name:

Major:

Student ID:

Email:

Why do you want to pursue a leadership certificate?

How did you hear about the certificate program?

Leadership Mentor Signature: _____

Academic Advisor Signature: _____

(Note to academic advisors: For more information please see handout titled *Information for Academic Advisors whose advisees intend to pursue the CALS Leadership Certificate* accessible online at <http://www.cals.wisc.edu/students/leadership/> or from your advisee)

Return To: CALS Leadership Certificate Program
University of Wisconsin – Madison
116 Agricultural Hall
1450 Linden Drive
Madison WI 53706
(608) 262-3003

ASA Use Only		
	Date	Initial
Entered in Student Spreadsheet	_____	_____
Entered in Mentor Spreadsheet	_____	_____
Mentor & Student added to D2L	_____	_____
Mentor & Student added to email list	_____	_____
Placed in Student File	_____	_____
Mentor: _____		