Communications Competency Requirement Record

Student first name		Student l				
PeopleS	oft ID number:					
Program in which you are enrolled:		МРН	MS	PhD		
Master'	n ce Summary s program studer sentations prior t		te one presentation prior to g	raduation, Doctoral	program students must c	omplete
•	Title of presenta	ion 1:				
	Location of pres	entation 1:				
	Date of presenta	ntion 1 (mm-dd-	уууу):			
•	Title of presenta	tion 2 (Doctoral	Program students only):			
	Location of presentation 2:					
	Date of presenta	ition 2 (mm-dd-	<i>yyyy</i>):			
Waiver Option (this requirement has been waived as			en waived at the discretion of	the advisor):	Yes	No
Reason	for waiver (<i>requi</i>	red if "Yes" is se	lected):			
Advisor first name		Advisor la	st name			

Advisor signature

Date (mm-dd-yyyy)

Please forward completed form to Epidemiology Student Services (epistudentservices@edc.pitt.edu).

Revised 5/29/2024