Graduate Program in Management Practice

Certificate Application

The Graduate Program in Management Practice Certificate consists of three components:

1. Core curriculum – 14 units
2. Specialty course option – 4 units
3. Practicum

Complete information about specific course requirements and practicum options are listed at the Technology Management Program (TMP) website (www.TMP.ucsb.edu), under Academics.

Currently, the Technology Management Program allows any graduate student with at least a 3.0 GPA to enroll in TMP courses; however, students accepted for the GPMP Certificate will be given preference for courses that are in high demand. By submitting a certificate application, students can improve their chances of enrolling in the classes of their choice.

It is strongly suggested that GPMP students meet with the GPMP coordinator periodically to review their progress.

Name: ______________________________________________________________

Perm Number: __________________________  Graduate Degree Major: ______________

Academic status: _______________________________
(Masters, Ph.D., Ph.D. advanced to candidacy)

If you haven’t advanced to Ph.D. candidacy, quarter expected to advance: ______________

Advisor’s Name: _________________________________________________

Campus Address: _________________________________________________
(if applicable)

Permanent Address: _______________________________________________

E-Mail: __________________________________________________________

Local/Cell Phone Number: ________________________________________
Practicum Option

Indicate the practicum option you plan to complete:

☐ New Venture Competition

☐ Internship

Do you currently have access to an internship? Please describe internship situation. (If you have no access, write “none.”)

_____________________________________________________________________________

Expected date for completion of GPMP requirements: ________________

How did you learn about GPMP? __________________________________________________

_____________________________________________________________________________

What are your anticipated career plans—what type of employment and what industry do you plan to work in when you graduate (please be as specific as possible):

_____________________________________________________________________________

_____________________________________________________________________________

By submitting this form, I express my intention to enroll in and complete the GPMP certificate.

___________________________________________
Signature

________________________
Date

Please submit to:

Katie Cabanatuan, Academic Advisor
Graduate Program in Management Practice
Technology Management Program
Phelps Hall, Room 1332
University of California
Santa Barbara, CA 93106-5129

Email: Katie@tmp.ucsb.edu
Phone: 805-893-4920
Graduate Program in Management Practice Certificate
Requirements Checklist

Perm. No.:______________________________ Major:______________________________

Name:__________________________________________
Last       First       Middle

E-Mail:____________________________________ Phone:_____________________

Course Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>Quarter / Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMP 240</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMP 241</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMP 244</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMP 246</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMP 242 or 255</td>
<td>4</td>
<td></td>
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</tr>
<tr>
<td><strong>Total Units</strong></td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Practicum Options

1. New Venture Competition
   Business Plan title:_____________________________________________________
   Business Plan Mentor:__________________________________________________
   Completion Verification:______________________________________________

2. Internship
   Internship Name:_____________________________________________________
   Internship Location:___________________________________________________
   Internship Mentor:_____________________________________________________
   # Hours Worked:________
   Completion Verification:______________________________________________

Certificate Verification

Quarter completed:_____________________

GPMP Staff Review:_____________________
Date:________

TMP Director Verification:_____________________
Date:________

Dean of Graduate Division:_____________________
Date:________