CIDE COLLABORATIVE SPECIALIZATION STUDENT RECORD

Personal Data		
Title: Mr., Mrs., Ms. Dr. Gender	Student No.	
Family Name:	First Name and Initial:	
Permanent Mailing Address:		
City & Postal Code:	Telephone Number:	
Permanent Email Address:	Country:	
Registration Data		

CIDEC Specialization Requirements

1. Courses: a) Mandatory CIE 10011, b) 1 additional core course C) 2 additional core or

List the CIDE core courses in which	vou are currently	enrolled in the	table below.
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TIDE Core Course Title	Course Number	Term (Semester, Year) Completed	Instructor
IDE Elective Courses			
DE Licente Courses			
List the CIDE elective courses you h	ave completed, and	the year com	pleted below.
CIDE Elective Course Title	Course	Term (Semester,	Instructor
SIDE Elective Course Title	Number	Year)	Instructor
		Completed	
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Approved submission of Reflective Summary (if applicable) on Seminar for CIDE repository equivalent to attendance at one CIDE seminar. Yes ___ No__ Initial: ____