

**GRADUATION CHECKLIST FOR GRADUATE CERTIFICATE PROGRAM**

Name \_\_\_\_\_  
 Last, Family or Surname                      First                      Middle (Maiden)                      Student I.D. Number

Graduate Certificate Program: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Graduate Degree being sought: \_\_\_\_\_

Courses	Semester Taken	Grade	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total credit hours		_____

Please check the box if the course requirement has been satisfied.

Other certificate requirements (if applicable) \_\_\_\_\_

**This candidate has completed the requirements for the Graduate Certificate Program and is recommended to be awarded in conjunction with his/her graduate degree**

\_\_\_\_\_  
 Graduate Certificate Educational Program Director                      Date

\_\_\_\_\_  
 Director of Graduate Studies in Student's Graduate Program or Department                      Date

\_\_\_\_\_  
 Associate Dean of Academic Affairs, Graduate School                      Date

**This form, with appropriate signatures, should be submitted electronically to the Graduate School HERE for final approval.**