VANDERBILT
Graduate School

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 conjuction 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.