

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