

Graduate Certificate Completion Form

College of Graduate Studies

This form should be submitted by the student to the Graduate Program Director by no later than the end of the second week of the term when it is anticipated that all certificate requirements will be met.

The Program Director records the required and elective courses for the certificate, the grades earned to date, and the remaining requirements to be met. The form should be signed by the Graduate Program Director and submitted to the Graduate Dean's Office by no later than the **sixth** week of the term. The Dean's Office will verify certificate requirements met at the end of the final term. Certificates are normally awarded to students within six weeks of the end of the completion term.

To Be Completed by Student:

| | |
|--|-----------------|
| Candidate's Name: _____ | CSU ID #: _____ |
| Address: _____ Phone: _____ | |
| Graduate Certificate Program: _____ | |
| Projected Completion Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer: Year _____ | |
| Student Signature _____ Date _____ | |

To Be Completed by Program Director:

| <u>Courses</u> | <u>*Required or Elective</u> | <u>Term Taken</u> | <u>Grade Earned</u> |
|----------------|------------------------------|-------------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |

*** Any course substitutions must be accompanied by a memo of explanation from the Program Director.**

Total Credits Required: _____ Credits in Progress: _____

Program Director Comments: _____

Program Director Approval Signature: _____ Date: _____

| | |
|----------------------------|-------------|
| Graduate College Approval: | |
| Signature: _____ | Date: _____ |

| | | | |
|--|-------------|-----------------------------------|-------------|
| <i>University Registrar – Office Use Only:</i> | | | |
| Activate <input type="checkbox"/> | Date: _____ | Complete <input type="checkbox"/> | Date: _____ |
| Notes: _____ | | Signature: _____ | |