

VERIFICATION OF CERTIFICATE

This application is to be completed by the student in close consultation with the appropriate certificate program coordinator. It is to be signed and submitted to the Registrar's Office, Ulmer Hall 224, by the graduation application deadline as indicated on the Academic Calendar. Failure to submit this application will result in the certificate not being awarded.

APPLICANT NAME _____ STUDENT ID _____

TITLE OF CERTIFICATE _____

PLANNED SESSION/YEAR OF COMPLETION (i.e. Spring 2020) _____

I. Courses Required for Certificate

List the courses you will be enrolled in your final semester or session to meet certificate requirements. In close consultation with the program coordinator, indicate the minimum grade required, if any.

	COURSE	MINIMUM GRADE (if applicable)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

II. Certificate Program Coordinator

This student does NOT satisfy the requirements for the certificate because:

Based on current information, I verify this student will meet requirements for the certificate listed above if he/she passes the courses with the minimum grades indicated.

CERTIFICATE PROGRAM COORDINATOR SIGNATURE _____

DATE _____

DEPARTMENT _____