

Fulfillment of Course Requirements for Certificate

Name: (last, first) _____ Student ID Number: @ _____

I expect to receive a certificate in the _____ program in _____ Semester _____ Year _____.
This program requires a minimum of _____ credits.

Name of adviser: _____

Student's Signature: _____ Date: _____

1. List ALL of the courses (including research, independent study) required to complete your degree requirements OR attach a transcript from SURFS. If you choose to attach a printout of your "Cumulative Course Record" (unofficial transcript) from the SURFS system instead of completing the below section, your adviser must clearly indicate which courses apply to your degree and which, if any, do not. If all of the courses on your record count toward your degree, your adviser should write "All for Degree" on the SURFS printout and initial it. Courses that do not count toward your degree will show as "Non-Applicable" on your permanent record.

COURSE PREFIX, NUMBER, TITLE	SEMESTER & YEAR	CREDITS	GRADE
E.g.: <i>PREV 600 Prin. of Epidemiology</i>	<i>Summer 2013</i>	<i>3</i>	<i>B+</i>

2. List all courses in which you are currently enrolled:

COURSE PREFIX, NUMBER, TITLE	SEMESTER & YEAR	CREDITS	GRADE
------------------------------	-----------------	---------	-------

3. List any transfer credits from other institutions accepted for the certificate:

COURSE PREFIX, NUMBER, TITLE	INSTITUTION	SEMESTER & YEAR	CREDITS	GRADE
------------------------------	-------------	-----------------	---------	-------

4. The undersigned have reviewed the coursework and credits required for graduation from the above program.

Advisor's Signature: _____ Date: _____

Graduate Prog. Director's Signature: _____ Date: _____