



COMPLETION APPLICATION FORM FOR GRADUATE CERTIFICATE

INSTRUCTIONS: Complete this form and acquire the required signatures and submit it to the Graduate College as an attachment to GradStudentForms@udel.edu by the end of the free/drop add deadline at the beginning of the semester in which you are registered for the last course needed to complete the certificate. As needed, the Graduate College will record the grades for courses not yet graded in the semester that the certificate is completed.

SECTION 1: STUDENT INFORMATION		
STUDENT NAME:	STUDENT ID #:	GRADUATION YEAR: _____ MONTH: <input type="checkbox"/> Dec <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Aug
STUDENT EMAIL:	NAME OF CERTIFICATE:	TOTAL CREDITS
Do you plan to continue in another degree program next semester at UD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doctoral <input type="checkbox"/> Master's	Please specify your major if you plan on continuing another degree program. Major: _____	

SECTION 2: PRIOR DEGREES EARNED: List all degrees earned prior to this CERTIFICATE.. If more than two previous degrees, attach a memo.			
DEGREE ABBREVIATION:	DEGREE GRANTING INSTITUTION (Full Title):	LOCATION:	DATE AWARDED:
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SECTION 3: COMMENTS: Please provide any additional comments for the Graduate College below.

SECTION 4: LIST ALL COURSES CLAIMED FOR THIS CERTIFICATE: (Graded or NOT Graded).											
YEAR/TERM	COURSE #	GR	CR	YEAR/TERM	COURSE #	GR	CR	YEAR/TERM	COURSE #	GR	CR

SECTION 5: SIGNATURES FOR APPROVAL		
_____ ADVISOR SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
_____ CERTIFICATE PROGRAM SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

FOR OFFICE USE ONLY		
_____ GRADUATE COLLEGE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	_____ DATE RECORDED