

WSU ID: _____ DATE: _____

NAME: _____

HOMETOWN (As it will appear in the commencement program):

CITY _____ STATE/COUNTRY _____



Graduate School

APPLICATION FOR GRADUATE CERTIFICATE

DEGREES HELD:

DEGREE _____ NAME AND LOCATION OF INSTUTION _____ DATE OF DEGREE _____

DEGREE _____ NAME AND LOCATION OF INSTUTION _____ DATE OF DEGREE _____

DEGREE _____ NAME AND LOCATION OF INSTUTION _____ DATE OF DEGREE _____

CERTIFICATE NAME: Graduate Certificate in _____

WHEN DO YOU EXPECT TO RECEIVE THE CERTIFICATE? _____
DECEMBER, MAY, OR AUGUST YEAR

Please list the courses required for the graduate certificate. Your certificate will be held for final grades for all courses listed. It is your responsibility to contact the instructors of courses with "incompletes" to see that grades are changed by the end of the semester in which you wish to graduate. A minimum GPA of 3.0 is required for certificate courses and the overall GPA. Any course included on the certificate program in which a C-, D, or F is earned must be repeated.

Course Prefix and Number	Course Title	Credits	Grade	Sem/Year Taken (Chronological Order)	WSU Instructor

Subtotal of Graduate Certificate Credits: _____

Certificate recipients may receive duplicates of the certificate. The original certificate fee is \$25.00 and duplicates may be ordered for an additional \$10.00 each. Please indicate the number of certificates requested: _____

The graduation fee is a one-time fee which carries forward from semester to semester until completion. If you do not graduate this semester, you must contact the Graduate School to update your application for graduation.

CERTIFICATE PROGRAM REQUESTED BY: _____
STUDENT SIGNATURE DATE

CERTIFICATE PROGRAM RECOMMENDED BY: _____
CHAIR, CERTIFICATE COMMITTEE - SIGNATURE DATE

CERTIFICATE PROGRAM/APPLICATION APPROVAL: _____
GRADUATE SCHOOL DATE

Please submit this completed and signed form to your department's Academic Coordinator for review.