Worcester Polytechnic Institute

Graduate Certificate Completion Form

IMPORTANT: This form must be completed to apply for graduation from your certificate program. Please be sure to complete the online <u>Graduate Student Application for Graduation Form</u> before you submit this form to your Student Success Manager.

PAR	T I: Student Infor	mation					
Stud	ent ID:						
Full Name to appear on the Certificate:							
Addr	ess you would like	your certificate mailed to	0:				
Department of Study :				Concentration:			
Advi	sor Name:	Assigned by Department	Advisor App	roval:			
		Assigned by Department		Signature		Date	
Com	pleted Courses (n	ninimum 4-6 courses ree	quired for Graduate Cert	ificates)			_
	Course Number	Course Name			Semester	GAO Office Use Only	
1.							
2.							
3.							
4.							
5.							
6.							

Part II - Program Modification: If you have added or deleted any courses from the original plan of study please indicate here. Changes require the advisor's signature.

	Course	Course	Semester	GAO Office
	Number	Title	Proposed	Use Only
D				
				1

Advisor Signature_

Date ____

Course	Course	Semester	GAO Office
Number	Title	Proposed	Use Only
Advisor Signature	Date		

Part III - Certificate Completion: Please submit this form to your Student Success Manager to obtain department approval. Upon completing both steps in the graduation process your status will be "Pending Final Review". Once you have been reviewed and cleared to graduate by the Registrar's Office, your status will be changed to "Confirmed".

Student Signature	Advisor Signature	Department Head Signature	Registrar Signature
Date	Date	Date	Date
Graduate Office use only: A Certificat has been award	te of Graduate Study ed to (student name)	_ A Certificate of Advanced Graduate St	udy
Registrar		Date	