



# Graduate Certificate and Advanced Certificate Program

## Plan of Study

**Directions:** Complete this Plan of Study and forward it to your academic advisor for his/her signature. Retain a copy for your records. This form should be completed and approved before the end of your first semester in the program. Your advisor will review your program and return a signed copy of the plan to you. If there are any questions, your advisor will contact you. Program modifications must be submitted to, and approved by, your advisor on a Program Modification Form. Please see that your academic advisor and department have a copy of the approved Plan of Study and any Program Modifications. *(Please print or type)*

**Your Name:** \_\_\_\_\_ **Advisor Name:** \_\_\_\_\_

**Department of Graduate or Advanced Certificate Study:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Advisor Approval:** \_\_\_\_\_

*Signature*

*Date*

**Plan of Study:** (4 courses required for Graduate Certificate, 5 courses required for Advanced Certificate)

Course Number	Course Title	Semester Proposed	GAO Office Use Only
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**Certificate Completion:** Upon completion of the Certificate requirements, please obtain the following signatures and forward a copy of this form, along with copies of any program modifications, to the Graduate Admissions Office. Upon receipt of this form, a will Certificate be issued, with a copy forwarded to the department for the student's file.

_____ <i>Student Signature</i>	_____ <i>Advisor Signature</i>	_____ <i>Department Head Signature</i>
_____ <i>Date</i>	_____ <i>Date</i>	_____ <i>Date</i>

*Graduate Admissions Office use only.*

\_\_\_\_\_ A Certificate of Graduate Study      \_\_\_\_\_ A Certificate of Advanced Graduate Study  
 has been awarded to (student name) \_\_\_\_\_

\_\_\_\_\_  
*Director, Graduate Marketing & Enrollment*

\_\_\_\_\_  
*Date*