



The Graduate School
Certificate Completion Form

Date _____

Name as it should appear on certificate _____

Student Number _____

Name of Certificate _____

Certificate award date _____

Course Credits	Title	Semester/Year	Instructor	Grade
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GPA in Certificate Courses _____

I verify that the above named student, by completing the courses listed with a GPA of 3.0 or better, has fulfilled all of the requirements in the course of study for the specified Graduate Certificate. I request that the Certificate be awarded to the student.

Certificate Director: Name _____

Signature _____

Return completed form to:

Dean of the Graduate School
106 Gillis Building
Lexington, KY 40506-0033