OREGON STATE UNIVERSITY

GRADUATE SCHOOL

GRADUATE CERTIFICATE CHECKLIST

Last Name (Family)		**First Name**		**Middle**		**(Former)**	
Day Phone #		**ID#**		**Email Address**			
Academic Unit				**Certificate Program**			

Transfer Symbol	**G***	**Title of Courses**	**Course**		**Cr.**	**Gr.**
			Dept.	**No.**		
				Total		

Transfer courses indicated:

Transfer Symbol	**University**
T1	
T2	
T3	
T4	

Total 4XX/5XX Program Credits	
Total Graduate Standalone Credits	
TOTAL CREDITS ON PROGRAM	

*Mark courses that will be graduate standalone with the letter “G” in this column.

I affirm that the above checklist meets the minimum requirements of our graduate certificate program.

Term that the certificate is to be awarded:	

APPROVED – Certificate Program Director			
	Typed Name	*Signature*	*Date*