

UNIVERSITY OF SOUTH DAKOTA GRADUATE SCHOOL

PROGRAM OF STUDY - GRADUATE CERTIFICATE

APPLICATION FOR GRADUATE CERTIFICATE



NOTE: Please submit this form to the Graduate School at: grad@usd.edu

Please type your name exactly as you wish it to be printed on your certificate.

First Name: _____	Middle Initial: _____	Last Name: _____
Student ID #: _____		
EXPECTED DATE OF COMPLETION: _____		
Month Year		
Title of Certificate: _____		
Mailing Address (certificate will be mailed to this address): _____		

- PLEASE NOTE:**
- 1) All transfer credit must be accompanied by a **Transfer Credit Approval form** and an OFFICIAL transcript.
 - 2) The committee and dept. chair signatures are the student's responsibility to obtain. The student does not need to obtain the Graduate Dean's signature.
 - 3) A copy of this completed form should be given to the graduate advisor in your department.

COURSES COMPLETED:

Prefix/Number	Course Title	Grade	Semester Hours	Institution
Total Certificate Hours				

APPROVAL SIGNATURES

Student's Signature

Date

Advisor's Signature

Date

Graduate Dean's Signature

Date