

UNIVERSITY OF SOUTH DAKOTA GRADUATE SCHOOL

PROGRAM OF STUDY - GRADUATE CERTIFICATE



UNIVERSITY OF
SOUTH DAKOTA

APPLICATION FOR GRADUATE CERTIFICATE

NOTE: Please submit this form to the Graduate School at grad@usd.edu or to the University of South Dakota Graduate School, McKusick Technology Center, Room 211, 414 E. Clark Street, Vermillion, SD 57069.

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) All signatures are the responsibility of the student to obtain.
 - 3) A copy of this completed form should be given to the graduate advisor in your department.
 - 4) **Hand-written forms will not be accepted.**

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