



Graduate Certificate Notification of Change

Please Print:

Student Name _____
(Last) *(First)* *(MI)*

Social Security Number: _____ - _____ - _____ Academic Advisor: _____

I have decided to change my Graduate Certificate as noted below. I understand that, as a result, I may be required to complete and pay for additional coursework to fulfill the requirements of the new Graduate Certificate I have chosen.

Previous choice of Graduate Certificate: _____

New choice of Graduate Certificate: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

WHEN COMPLETED, PLEASE SUBMIT TO THE REGISTRAR FOR STUDENT'S PERMANENT FILE.