



# Graduate Certificate Program

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (as assigned)
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MSU ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Graduate curriculum you propose to follow: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

**Courses to be completed in earning the graduate certificate:**

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade

*Applicant's Signature* \_\_\_\_\_  
 TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

**Do not write below this line**

Departmental Graduate Advisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

College Graduate Coordinator Approval \_\_\_\_\_ Date \_\_\_\_\_

College Dean Approval \_\_\_\_\_ Date \_\_\_\_\_

<b>For Graduation Office</b>	<i>Processed by</i>	<i>Date</i>
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Please return completed form to the Graduation Office, 113 Sparks Hall.  
 msu.graduation@murraystate.edu