



Exploring Differences, Deepening Faith

GRADUATE CERTIFICATE – PROGRAM CHANGE

PLEASE PRINT

Student Name: _____
Last First M.I.

Academic Advisor: _____

I have decided to change my graduate certificate as indicated 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 Graduate Certificate: _____

New Graduate Certificate: _____

Student Signature: _____ Date _____

Advisor Signature: _____ Date _____

WHEN COMPLETED PLEASE SUBMIT TO REGISTRAR FOR STUDENT’S PERMANENT FILE