

Intent to Complete a Graduate Certificate

NOTE: Requires Adobe Acrobat to fill-in and sign

Please complete this form if you are a graduate degree-seeking student at the University of Colorado Anschutz Medical Campus who intends to earn a graduate certificate as part of your studies. Completing this form allows the certificate to be added to your academic record and alerts the Certificate Program Director of your intent to participate in this program. No further application is required. Note that non-degree-seeking students must [apply directly to the selected Certificate Program](#).

Name as on University
Records (Last, First Middle)

Student Number

Email Address

Degree:

Certificate:

Please list the courses in which you intend to enroll to fulfill the Certificate Program requirements. Based on your prior training and with program permission, enrollment in different courses might be possible, but sharing a preliminary list allows the Certificate Program Director and the Graduate School to head off any problems.

Course Number	Course Title	Required for your degree?*
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

* Certificate courses are only eligible for financial aid if they also count toward your degree. If you receive financial aid and intend to register for courses not required/counted toward your degree, please contact the Graduate School Associate Dean for advice.

Anticipated Semester of Completion

Year

Student Name

Student Signature

Date:

Approved (Required Signatures):

For PhD Programs: Primary Mentor Name

For PhD Programs: Primary Mentor Signature

The courses listed above are required/will count toward the student's degree.

Date:

Degree Program Director Name

Degree Program Director Signature

The courses listed above are required/will count toward the student's degree.

Date:

Certificate Program Director Name

Certificate Program Director Signature

The courses listed above will meet the certificate program requirements if completed with grades at or above the minimum grade (at least "B-") that the Certificate Program requires.

Date:

Graduate School Name

Graduate School Signature

Date: