The University of Montana

UM ID Number

APPLICATION FOR GRADUATION - Certificate Programs

Complete page one and two of this application and submit to the appropriate certificate administrative office. See http://www.umt.edu/grad/Current%20Students/Graduation%20Resources/default.php for deadlines. Please enclose a check or money order (payable to UM) for the $45 filing fee. The Application for Graduation - Certificate Programs will be audited and reviewed by the certificate administrative officer and will be forwarded to the Graduate School for processing. A copy of the approved application will be returned to the student and the certificate administrative office.

Name _____ Certificate Award Date _____
　　　　Print as it should appear on diploma　　　　　　　　　　　　Expected Semester, Year

Local Address _____ Phone _____

Diploma Address _____
(Address that will be valid 3 to 4 months after graduation date)

City _____ State _____ Zip _____

Certificate Applying For:　Certificate In Environmental Health Sciences (CEHS)

Previous Degrees Received	Institution	Date	Major Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**************************************For Department Use Only**************************************

Application For Graduation - Certificate Program Audited and Approved:

_____ _____
Date　　　　　　　　　　　　　　Certificate Administrative Officer Signature

_____ _____
Date　　　　　　　　　　　　　　Graduate School Signature

Prior to the end of the student's certificate award semester and meeting the final graduation deadline for the Graduate School (May 31st for Spring Graduation; August 31st for Summer Graduation; December 31st for Fall Graduation), the Certificate Administrative Officer will sign off that the student has completed all final certificate requirements.

Certificate Requirements Satisfied:

_____ _____
Date Completed　　　　　　　　　Certificate Administrative Officer Signature

Banner Input _____ Final GPA _____

Notes _____

Name _____   _____

COURSES OFFERED FOR THE CERTIFICATE

Course Number & Title (Chronological order by date) **PRINT OR TYPE PLEASE**	Credits	Date (Semester/Year)	Grade	GND Credits?	Transfer Cr. Institution?
				(Mark Yes If Applicable)	
TOTAL NUMBER OF CREDITS					