

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 Global Health (CGH)

Table with 4 columns: Previous Degrees Received, Institution, Date, Major Field. Contains three rows of empty lines for data entry.

*****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 _____

Please Print

UM ID Number _____

COURSES OFFERED FOR THE CERTIFICATE

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

Course Number & Title (Chronological order by date)	Credits	Date (Semester/Year)	Grade	GND Credits?	Transfer Cr. Institution?
TOTAL NUMBER OF CREDITS					