



The University of Vermont
GRADUATE COLLEGE ADMISSIONS

**CERTIFICATE OF GRADUATE STUDY
COMPLETION FORM**

*Instructions: Send this completed form, with appropriate signatures, to The Graduate College at gradcoll@uvm.edu during the semester in which you will complete all requirements for the Certificate of Graduate Study. **You must return this form in order to receive credit for the classes you have taken, as well as your Certificate from the Registrar's Office.***

Signed forms must be received in the Graduate College offices by the thesis completion dates for graduation published in the Graduate College calendar. All coursework for certificates must be completed within five years of first enrollment in the Certificate program.

Name _____ Student ID No. _____

Certificate of Graduate Study Program: _____

Date of first enrollment in Certificate Program: Semester/Term _____ Year _____

The Department/Program of _____ verifies that the above named student has completed all coursework for a Certificate of Graduate Study according to the Program Plan on file in the Graduate College. Indicate course substitutions, if any:

Planned Course	Substituted Course	Semester/Year	Credits	Grade

Student Signature _____ Date: _____

Advisor Signature _____ Date: _____

Grad Program Coordinator Signature _____ Date: _____

Graduate College Dean _____ Date: _____