

CERTIFICATE OF GRADUATE STUDY PROGRAM PLAN

Complete this form (except for course grades), obtain signatures from your Advisor and your Graduate Program Coordinator, and deliver the form to The Graduate College, 330 Waterman, UVM, no later than the end of your first semester after enrolling in a Certificate of Graduate Study program.

Name _____ Student ID No. _____

Certificate of Graduate Study in _____

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

Are you also enrolled in a UVM Graduate Program? ___ Yes ___ No

If Yes, circle: MS PhD Program _____

CORE COURSES *(Minimum 9 credits of graduate courses; See specific criteria associated with your Certificate. Grades will be entered after course completion.)*

| Course Number / Title | Semester | Credits | Grade |
|-----------------------|----------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ADDITIONAL COURSES *(Minimum 6 credits of graduate courses; See specific criteria associated with your Certificate. Grades will be entered after course completion.)*

| Course Number / Title | Semester | Credits | Grade |
|-----------------------|----------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Cert. Program Graduate Coordinator: _____ Date: _____

Graduate College Dean: _____ Date: _____