



The University of Vermont
GRADUATE COLLEGE ADMISSIONS

**CERTIFICATE OF GRADUATE STUDY
PROGRAM PLAN**

*Instructions: Students must complete this form and obtain signatures from their Advisor and their Graduate Program Coordinator. Once the form is complete and has all signatures, send this form to The Graduate College electronically at gradcoll@uvm.edu. Please note **this form must be received prior to the end of your first semester** after enrolling in a Certificate of Graduate Study program.*

Name _____ Student ID No. _____

Certificate of Graduate Study Program: _____

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

CORE COURSES

List a minimum 9 credits of [graduate level courses](#) (See specific criteria associated with your Certificate). Grades will be entered after course completion.

Course Number / Title	Semester	Credits	Grade

ADDITIONAL COURSES

List a minimum 6 credits of [graduate level 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: _____