



*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 micro-Certificate of Graduate Study (mCGS) program.*

Name _____ Student ID No. _____

micro-Certificate of Graduate Study Program: _____

Number of credits required for mCGS: _____
(mCGS guidelines may be [found here](#))

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

REQUIRED COURSES

List a minimum 6 credits of [graduate level courses](#) (See specific criteria associated with your micro-Certificate). Grades will be entered after course completion.

Course Number / Title	Semester	Credits	Grade

ADDITIONAL COURSES

List a minimum 3 credits of [electives](#) (Must be courses approved by the program 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: _____