



GRADUATE SCHOOL

Mike Loya Academic Services Building, Room 223
The University of Texas at El Paso
500 W. University Avenue El Paso, Texas 79968
(915) 747-5491 Fax (915) 747-5788
graduate.utep.edu

APPLICATION FOR GRADUATE CERTIFICATE Submit to the Graduate School

First Name: _____ Last Name: _____

Student ID: _____ E-mail Address: _____

(The certificate will be mailed to the address entered here.)

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Certificate Application Term: _____ Certificate Application term must be the Current term or a Future term. Certificates are awarded and noted on the transcript at the end of the indicated term and are not retroactively awarded.

Title of Graduate Certificate: _____

COURSEWORK FOR GRADUATE CERTIFICATE

| TERM COMPLETED | SUBJECT | COURSE | FINAL GRADE |
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Verification: *This student has fulfilled Graduate Certificate Requirements as indicated by the certifying program.*

Student Signature & Date: _____

Program Director Signature & Date: _____

Graduate School Signature & Date: _____