



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
www.utep.edu/graduate

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

Verification: This student has fulfilled Graduate Certificate Requirements as indicated by the certifying program.

Student Signature & Date: _____

Program Director Signature & Date: _____