The Graduate School
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
http://www.utep.edu/graduate

Application for Graduate Certificate

Print Form

Submit to the Graduate School for Processing

Name (Please complete online and print for signature approval.)

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 _____

(Desired Name on Certificate. Please include any accents or special characters.)

First Name _____ Middle Name _____ Last Name _____

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 _____

Concentration *(For MBA Plus & Postmaster's Nursing Only)* _____

Coursework for Graduate Certificate: Please list term completed, course number, and final grade.

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

Student Signature & Date _____ Graduate Advisor Signature & Date _____

College Dean Signature & Date _____ Graduate School Signature _____

For Graduate School Office Use Only

Date Processed _____ Date Mailed _____