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: Select One

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: Select One

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: _____ Graduate Advisor Signature & Date: _____

Colleg Dean Signature & Date: _____ Graduate School Signature & Date: _____

For Graduate School Office Use Only

Date Processed: _____ Date Mailed: _____

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