**OREGON STATE UNIVERSITY**

**GRADUATE SCHOOL**

**GRADUATE CERTIFICATE CHECKLIST**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Last Name (Family)** | | **First Name** | | **Middle** | | **(Former)** | |
| **Day Phone #** | | **ID#** | | **Email Address** | | | |
| **Academic Unit** | | | | **Certificate Program** | | | |

| Transfer Symbol | G* | Title of Courses | Course Dept. No. | Cr. | Gr. |
|---|---|---|---|---|---|
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| | | | **Total** | | |

Transfer courses indicated:

| Transfer Symbol | University |
|---|---|
| T1 | |
| T2 | |
| T3 | |
| T4 | |

| | |
|---|---|
| **Total 4XX/5XX Program Credits** | |
| **Total Graduate Standalone Credits** | |
| **TOTAL CREDITS ON PROGRAM** | |

*Mark courses that will be graduate standalone with the letter “G” in this column.

**I affirm that the above checklist meets the minimum requirements of our graduate certificate program.**

| | |
|---|---|
| **Term that the certificates is to be awarded:** | |

| | |
|---|---|
| **APPROVED – Certificate Program Director** | |

*Typed Name* *Signature* *Date*