

GRADUATE CERTIFICATE COMPLETION APPLICATION

This form with all required approvals must be submitted to the Graduate College by the graduation deadline posted on the Graduate College website.

Please type directly into the highlighted fields or print clearly in blue or black ink.

Initial Application Update

STUDENT INFORMATION

Student ID (L-Number): _____

Student Name: _____
Last Name First Name M.I.

Address: _____
Street Address

_____ City State ZIP Code

UNLV E-mail Address: _____ Phone: _____

Department: _____ Program: _____

Ethnicity (*Optional, for Federal Statistic Use Only*): _____

Your name as it should appear on your certificate:

** If your name has changed, please file an official name change with the Graduate College

Term and year you intend to receive the certificate:

Spring _____ Summer _____ Fall _____

Are you currently enrolled in coursework that is part of your certificate program? Yes No

Address to mail your certificate: Is this your permanent or home address? Yes No

Street Address _____

City _____ State _____ Zip Code _____

International State/Province _____

APPROVAL SIGNATURES – Must be signed before submitting to the Graduate College.

Student _____ Date _____

Graduate Coordinator _____ Date _____

Department Chair _____ Date _____

* Dean, Academic College _____ Date _____

GRADUATE COLLEGE USE ONLY

Dean, Graduate College _____ Date _____

Certificate Conferred Term: _____ Year: _____

Certificate Program Comprehensive/Final Exam Results

Committee Appointment (*if required*) Other

* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.