



Undergraduate Certificate Program

(Complete this form, sign it, and send it to your certificate advisor)

Certificate Advisor

MSU ID#: _____

Name: _____ Date: _____

Mailing Address: _____ Primary Phone: _____

E-mail Address: _____

Certificate curriculum you propose to follow: _____

Catalog Year: _____

Courses to be completed in earning the undergraduate certificate:

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature _____

Do not write below this line

Departmental Certificate Advisor Approval _____ Date _____

Department Chair Approval _____ Date _____

College Dean Approval _____ Date _____

For Graduation Office	Processed by	Date
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Please return completed form to the Graduation Office, 113 Sparks Hall.
msu.graduation@murraystate.edu