

Certificate Completion Form

Student's Name _____
First Middle/Maiden Last

Current Address _____
Street City State Zip

Telephone No. _____ Dragon ID No. _____

Certificate Program _____

I have completed this certificate at the _____ undergraduate level _____ graduate level

Total credits required for certificate _____

Please list the courses required for completion of this certificate in the table below. Certificate completion will be reflected on your MSUM transcript.

Dept.	No.	Title	Cr.	Grade	Transfer From	Date

I certify that the above courses meet the requirements for this certificate and the above named student has completed these courses and all requirements for this certificate.

Approved by _____
Advisor's Name (please print) Signature Date

_____ College Dean (please print) Signature Date

Completed, signed Certificate Completion form should be submitted as follows:

Undergraduate students submit to Records Office, Owens 104
 Graduate students submit to Graduate Studies Office, Owens 215

Records Office Use Only

Term Certificate Completed _____ Entered by _____ Date _____