

GRADUATE CERTIFICATE POSTING REQUEST

Form Instructions:

1. Students must be admitted to a graduate program and be in good standing to have a certificate program approved.
2. List all courses, including transfer courses, to be used in program by Course Name ID. Students should check with their advisors to determine whether they are eligible to seek approval for an exception to the course policy.
3. By signing this form, the student is acknowledging that he or she understands and accepts responsibility for meeting requirements for completion of this certificate program. The student should sign this form and then forward to his or her advisor.
4. The advisor will then sign. By signing this form, the advisor is verifying this student, by completing the courses listed below with the cumulative GPA, has fulfilled all requirements in the course of study for the specified graduate certificate. The advisors should return this form to the Graduate School via e-mail to gradschool@uh.edu or to 102 E. Cullen.
5. For Graduate Certifications that are inter-disciplinary or otherwise not housed in a single College, the Chair signature can be marked "N/A" and the Certificate Program Director's signature may substituted for a Dean's signature.

STUDENT INFORMATION (TO BE COMPLETED BY STUDENT):

Name:	
Date of Birth:	myUH ID Number:
College:	
Department:	
Signature of Student:	Date:

CERTIFICATE PROGRAM COURSE INFORMATION (TO BE COMPLETED BY ACADEMIC ADVISOR):

Name of Certificate (To appear on student's transcript):	
Prior Undergraduate Degree Verification:	
If International – TOEFL Score:	

COURSE REQUIREMENTS (TO BE COMPLETED BY ACADEMIC ADVISOR):

Course Name ID:	Term:	Course Name ID:	Term:
Course Name ID:	Term:	Course Name ID:	Term:
Course Name ID:	Term:	Course Name ID:	Term:
Course Name ID:	Term:	Course Name ID:	Term:
Course Name ID:	Term:	Course Name ID:	Term:

Cumulative GPA: _____ **Completion Term:** _____

CERTIFICATE PROGRAM APPROVAL

I hereby verify to the best of my knowledge that this student has or will have met the requirements for this certificate program by the end of this semester.

Signature of Department Advisor:	Date:
Signature of Chair (if applicable):	Date:
Signature of College Dean (or designee) OR Certificate Program Director:	Date:

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of Government Code, you are entitled to receive and review the information; (3) under section 559.004 of Government Code, you are entitled to have the University correct information about you that is incorrect.