



Submit completed form with departmental signatures to: *Graduate School Office, Reynolda Village 118A.* This form must be filed with the Graduate School Office by the deadline listed on the academic calendar.

Name: _____

Student ID: _____ Department: _____

Phone number: _____ WFU Email: _____

Please provide an address to contact you following completion of your certificate.

Print your name as you want it to appear on your certificate
First and last name must match student record

I fully expect to complete all of the requirements for the certificate in time for it to be awarded on _____.
Date

Date

Signature of Candidate

DEPARTMENTAL ACTION ON CANDIDACY

Date of Approval

Date of Denial

Signature of Advisor

Date of Approval

Date of Denial

Signature of Program Director