



# Completion of Graduate Certificate

To be submitted when a student completes the requirements for a graduate certificate

Research & Graduate Studies  
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1450 Jayhawk Boulevard  
Lawrence, KS 66045-7535  
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Fax: (785) 864-7209  
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To: \_\_\_\_\_ From: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Plan: \_\_\_\_\_ Admit Term: \_\_\_\_\_

Graduate Certificate: \_\_\_\_\_

International Student:  Yes  No

*If international student, School/College must provide copy of this form to International Student & Scholar Services (ISSS)*

## Comments:

## Department Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental authorization: Department Chairperson / Director of Graduate Studies

## School/College Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Division authorization: School/College Dean Representative

Routing of form: Department → School/College → Registrar  
→ Office of Graduate Studies  
→ ISSS (if international student)