

WASHINGTON UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES

Statement of Intention to Graduate
Graduate Certificate Program

LEGAL NAME: _____,
(Last) (First) (Middle)

ID NUMBER: _____ Division: **GR**

Student Signature: _____

The name printed above is your full legal name as used by the University, **and how it will be printed on your certificate**. Please indicate accent marks, and/or usual upper and lower case letters. Any substantive name change requires legal documentation before it can be changed.

Name change if necessary: _____
(be sure to include copy of legal documentation with this form, and take **original** documentation to the Office of Student Records)

CERTIFICATE EXPECTED: _____

DATE EXPECTED: _____
(Code) --- for office use

FILING DATES: For May 2008 is December 3, 2007
For August 2008 is August 1, 2008
For December 2008 is October 6, 2008

HOME ADDRESS: _____
(after graduation) _____

Telephone Number: _____

BUSINESS ADDRESS: Company Name _____
(after graduation) _____

Telephone Number: _____

TWO REFERENCES WHO WILL KNOW YOUR LOCATION AFTER GRADUATION:
Name: _____ Name: _____
Address: _____ Address: _____

In Fulfillment of Requirements for Graduate Certificate Program

Graduate Certificate Program in _____
Name of Program

Student's Home Department _____

Degree Program in Home Department: ___ M.A. ___ Ph.D. or Other _____

Course Work Requirements for Certificate (A minimum of five courses or 15 units are required for a certificate; some may require six courses or 18 units. Generally certificate programs require 3 courses or 9 units in addition to the unit requirement for the major degree). **Please list the courses required by your certificate program by numbers and titles and, if applicable, put an asterisk (*) next to the courses which will be in addition to Major Degree Unit Requirements:**

Sem.:	Course No.:	Course Title:	Units:	(*):
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

(some certificate programs may require six courses or 18 units)

Please note: Certificate will be awarded simultaneously with major degree.

Student's fulfillment of certificate program requirements, as outlined above, has my approval:

Chair, Home Department (print or type) Signature Date

Director, Certificate Program [print or type] Signature Date

Dean, Graduate School of Arts & Sciences Date

Mail to:
Washington University
Graduate School of Arts and Sciences
Campus Box 1187
One Brookings Drive
St. Louis, MO 63130-4899

-or-

Hand Deliver to:
Graduate School of Arts and Sciences
North Brookings Hall
Room 155

(314) 935-6876