



School of Graduate Studies

Office of the Dean - 25 Bishop Place, CAC
p.848.932.8122

CERTIFICATE PROGRAM APPLICATION

Certificate Program in (Print certificate name on line provided below):

Cognitive Science

Requirements: See catalog for specific requirements.

STUDENT DATA

Name: _____ Program: _____

RUID: _____ Degree: _____ Date Received: _____

Address: _____

Course Title	School	Subject Code	Course Number	Course Taken		Grade
				Term/Year	Credits	
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____
_____	_____	_____	_____	____/____	_____	_____

Title of paper, if required: _____

_____ has completed this program's requirements and may be awarded a Certificate at the time the degree is conferred or thereafter.

Certificate Program Director

Date

Please return this form to the School of Graduate Studies. We will forward a copy to Records & Transcripts.

Approved by: _____

Dean, School of Graduate Studies