

Plan of Study for the Certificate Program

Name: _____
Last First Middle Initial

Student ID: and/or NetID: Phone: _____

Email address: _____

Field of Study: _____

This plan of study should be submitted to the Office of the Registrar no later than the beginning of the student's final semester before certificate completion. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for conferring the certificate. This form must be signed below by the major advisor before submission to the Office of the Registrar. Any changes in listed coursework should be submitted to the Office of the Registrar on the "Request for Changes in Plan of Study" form.

ADVISOR'S NAME (PRINTED)

ORIGINAL SIGNATURE REQUIRED

MAJOR ADVISOR _____

Formal application for graduation by the student to be placed on the list of certificate candidates must be submitted through the Student Administration System before the conferral date. See the Academic Calendar for conferral dates and deadlines.

LEAVE BLANK

Date by which all requirements for the certificate must be completed: _____

Course Work

The plan of study should be drawn up in consultation with your major advisor. List in chronological order all courses that fulfill the requirements for the certificate.

College	Course Number	Course Title	Course Credits	Leave Blank	Year	Semester
EXAMPLE U OF CONNECTICUT	GRAD 5950	LEARNING WITH TECHNOLOGY	3		2010	SPRING

The Graduate School requires certificate students to maintain at least a B (3.00) cumulative grade point average.

If additional space is required to list coursework, please attach another page.

Total credits _____