

University of North Dakota Graduate School

414 Twamley - P.O. Box 8178 - Grand Forks, ND 58202-8178
 Phone (701) 777-2784; 1-800-CALL-UND (ext. 2784); Fax (701) 777-3619

PROGRAM OF STUDY – CERTIFICATE PROGRAM

Student _____ EMPL ID # _____
 Address _____ E-Mail _____
 Address _____ Phone _____
 _____ Expected Date of Completion _____

Certificate Sought (Check One)

- | | |
|---|--|
| Autistic Spectrum Disorders <input type="checkbox"/> | Health Administration <input type="checkbox"/> |
| Clinical Laboratory Science Mgmt <input type="checkbox"/> | Policy Analysis <input type="checkbox"/> |
| Environmental Engineering <input type="checkbox"/> | Public Administration <input type="checkbox"/> |
| Geographic Information Sciences <input type="checkbox"/> | |

Dept.	Course Number	Title of Course	*Transfer Credits	On Campus Credits	Grade (leave blank)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Credits			_____	_____	_____

(* Autistic Spectrum Certificate - up to 3 graduate credits can be transferred from other NCATE accredited graduate special education programs.)

It is the student's responsibility to secure the necessary signatures and to complete the approved program.

 Student Signature

 Date

 Advisor (if enrolled in a graduate degree program) Date

 Certificate Program Coordinator Date

 Dean of the Graduate School Date