WASHINGTON UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES

Statement of Intention to 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**. Pleases 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*	*is*	*December 1 of the previous year*
	For August	*is*	*July 1*
	For December	*is*	*October 1*
	For May	*is*	*December 1 of the previous year*

****

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: _____
_____ _____
_____ _____

(over)

In Fulfillment of Requirements for Certificate Program

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 required for certificate, although some may require six courses or 18 units; some 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