Graduate Certificate Plan of Study

Submit to the Graduate School, 210 Jesse Hall.

Student name: _____

Mizzou ID number:_____

Certificate program: _____

Anticipated certificate completion date: _____

(if applicable)

Academic program: _____

Degree (i.e. MS, MA, PhD): _____ Major:_____

Consult the Graduate Catalog for a list of approved graduate certificates.

Proposed Plan of Study: List the course numbers, course titles, number of credit hours and the term in which the courses have been/will be taken. The certificate Plan of Study must be approved by the official certificate coordinator.

Course number	Title	Hours	Semester/Year	Grade

Total Hours (12 graduate hours minimum) _____

The program of study is approved as stated. Subsequent changes must be reported on a Program of Study Course Substitution form.

_____ _____

Student signature Date Graduate dean's signature Date

_____

Certificate coordinator's signature Date

DO NOT WRITE IN THIS BOX (office use only)

Date copies sent to the coordinator: _____