| GRADUATE SCHOOL - UNIVERSITY OF MASSACHUSETTS AMHERST | | | | | | | |
|--|-----------|-----------|-----|------|--|--|--|
| GRADUATE CERTIFICATE ELIGIBILITY FORM | | | | | | | |
| SECTION A – To be completed by the candidate | | SPIRE ID: | | | | | |
| ANTICIPATED CERTIFICATE DATE: | SEPTEMBER | FEBRUARY | MAY | YEAR | | | |
| NAME – As it appears in SPIRE: | | | | | | | |
| NAME TO BE LISTED ON CERTIFICATE: Review and update the Diploma Name section in SPIRE which can be found in the Student Center, under Expected Graduation Term / Graduation Data. If you need a special character for your name that is not available in SPIRE, please email the <u>Graduate Student Service Center</u> .) | | | | | | | |
| MAILING ADDRESS FOR CERTIFICATE: Review and update your Mailing Address in SPIRE as this is the address to which your certificate will be sent. Please make sure that SPIRE always has the correct mailing address to ensure proper delivery. | | | | | | | |
| EMAIL: | | | | | | | |
| PHONE: | | | | | | | |
| DEPT/EDUC: | | | | | | | |
| CERTIFICATE PROGRAM: | | | | | | | |

SECTION B – LIST COURSES TO BE COUNTED TOWARD THE CERTIFICATE

| Dept. | Course No. | Course Title | Semester/Year Taken | Credits | Grade |
|-------|------------|--------------|------------------------|---------|-------|
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| SECTION C – To be completed by the Graduate Certification | ate Program Coordinator or Designee | | |
|---|---|--|--|
| This signature designates that the student has complete | d the requirements for the certificate indicated. | | |
| Signature: | Date | | |
| Printed or Typed Name: | | | |
| Graduate Program Director Signature | | | |
| Shane Hammond, EdD | | | |
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