



**Kansas State
University**

GRADUATE CERTIFICATE COMPLETION FORM

Submit original to:
Graduate School
103 Fairchild Hall

Student Name: _____
Student Number: _____
K-State eID: _____
Certificate Program: _____
Semester of completion: _____

List courses completed for certificate program

Dept Code	Course Number	Course Name	Credits	Semester Taken

Total KSU Credits _____

Is this certificate to be prepared by the Graduate School? _____

Date Needed _____

Note: Credits that were earned more than six years prior to the semester in which the certificate is approved cannot be accepted.

I hereby verify to the best of my knowledge that this student has or will have met the requirements of completion for this certificate program by the end of this semester.

Signature of certificate program coordinator

Name of certificate program coordinator (*Please Print*)

Date

For GS Use Only:
_____ ED
_____ CC
_____ C - DW
_____ STD