

**INDIANA UNIVERSITY GRADUATE SCHOOL**  
**Recommendation for Graduate Certificate**  
**Awarded in May, August and December**

Submit this form to [gradrec@iupui.edu](mailto:gradrec@iupui.edu) or with the MAAD eDoc

Student Name: \_\_\_\_\_ University ID#: \_\_\_\_\_

Department/Program: \_\_\_\_\_ Concentration/Track: \_\_\_\_\_

Graduation Month: \_\_\_\_\_ UGS Bulletin Year: \_\_\_\_\_

**(Deadline: 15<sup>th</sup> of the month prior to the anticipated graduating month) Refer to the progression checklist.**

Total number of credit hours required: \_\_\_\_\_

**Please indicate ALL requirements student has fulfilled for this certificate: (Include number & title)**

<u>Required Courses:</u>	<u>Term:</u>	<u>Credits:</u>	<u>Grade:</u>

<u>Electives:</u>	<u>Term:</u>	<u>Credits:</u>	<u>Grade:</u>

<u>Essay:</u>	<u>Internship:</u>	<u>Project:</u>	<u>Comprehensive Exam:</u>

**With the exception of final grades for the final semester, I certify the above named student has met the departmental requirements for this certificate.**

Department Chair/  
Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean  
University Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_