

**REGISTRAR'S OFFICE
CERTIFICATE DEGREE APPLICATION**

Part I: To be completed by candidate Student number: _____

Please type or print clearly in black ink

Name: _____

Certificate Program: _____

Anticipated degree date: May/June 20 ____ August 20 ____ December 20 ____

This completed form with the required signatures is due in the Registrar's Office by the published deadline.

List **only graduate courses** to be counted towards your certificate at UMass Boston.

DEPT/COURSE NO.	COURSE TITLE	SEM/YR TAKEN	CREDIT	GRADE

Transfer Credit: ON AND OFF CAMPUS

INSTITUTION	COURSE TITLE	SEM/YR TAKEN	CREDIT

For courses taken at another institution an official transcript must be on file in the Registrar's Office before transfer credit will be granted.

To the best of my knowledge the information given above is correct and complete.

Signature of candidate: _____ Date: _____

Part II To be completed and signed by the Graduate Program Director

I recommend that _____ be awarded the certificate in May/June ____ August ____ December ____ . The information furnished by the above named candidate has been verified from my program's records contingent upon:

Comments: _____

Graduate Program Director's signature: _____

Date: _____

Make a copy of this document for your files.