

Graduate Certificate Departmental Approval Form

STUDENT INFORMATION

Please note: If applying for more than one Graduate Certificate, use a separate form for each.

First Name _____ Last _____ Maiden _____

Mailing Address _____

U# _____ E-mail _____ Gender (opt.) Male Female

Daytime Phone _____ Evening Phone _____ Race (opt.) _____

Select the name of the Graduate Certificate you wish to apply to from the drop down box; please note that some are partially or full online.

Graduate Certificate program _____

Semester applying for _____ Year _____ Home Campus _____

ACADEMIC INFORMATION

Bachelor's degree: Institution _____ Major _____ Year awarded _____

Minor (if applicable) _____ GPA _____

Master's Degree: Institution _____ Major _____ Year awarded _____

Are you currently enrolled in a Master's or Doctoral degree program? Yes No If yes, which university and program? _____

Institution _____ Program _____ Year expected to finish _____

Have you taken the GRE? Yes No If yes, indicate score: Verbal _____ Quantitative _____

How did you hear about Graduate Certificates? _____

Will you be taking courses online only? Yes No

ATTACHMENTS

Please attach a statement of purpose, 250-words or less, explaining your interest in obtaining the graduate certificate indicated, a current resume or curriculum vitae, and official transcripts. If you are having your transcripts mailed directly from another institution please have them sent to the Office of Graduate Certificates, Room SVC1072. Also, the department to which you are applying may have additional requirements. Please review the graduate certificate information sheet at www.usf.edu/innovative-education/programs/graduate-certificates/about.aspx and discuss your interest in the certificate with the certificate director before submitting the application.

X Student Signature (signature required for processing) _____ Date _____

**Submit the completed form to the Office of Graduate Certificates at the address below.
For questions, contact us at (813) 974-8031, or gradcerts@usf.edu.**

DEPARTMENT USE ONLY

(Note to Departments: Please return form to Office of Graduate Certificates, SVC1072)

Accepted Denied admission into the Graduate Certificate selected above.

GC Director Signature: _____ Date: _____

Office of Graduate Certificates Signature: _____ Date: _____