

To: Certification

From: _____

Student's Name

Student ID#

Student's email address

Phone #

Re: Request for Re-Evaluation of Courses for Certification Credit

Date: _____

Distribution: Certification Office/Original; Advisor's Copy; Student's Email Copy

To be completed by student/advisor		
Course Number	Course Title	Credits

To be considered as credit for what course requirement?

***Required* – Reason for this request:**

- ◆ A catalog description of the course(s) listed above is attached to this request.
- ◆ This request has the recommendation of my advisor in the department of _____.
- ◆ I understand that if permission is granted, a letter verifying my status of credit will be sent to the department listed above, to myself, and noted in my certification file.
- ◆ An official transcript for this course must already be on file with the Office of Graduate Studies in order for credit to be considered by the certification office or must be attached hereto.

Student's Signature

Date

Advisor's Signature

Date

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This request is Approved Not Approved

Comments:

Certification Officer

Date