

Student Name: Student WID:

## **TEMPORARY -** GRADUATE CERTIFICATE COMPLETION FORM

This form is to be used on a temporary basis while Softdocs Etrieve software is unavailable.

**Submission instructions:** Complete this fillable form electronically. A signature must be provided by the graduate certificate program coordinator. Submit the completed form to the Graduate School at grad@ksu.edu, using the subject line, "Graduate Certificate Completion Form".

| K-State email:  Certificate Program:  Semester of completion:   |                  |             |         |                   |
|---|------------------|-------------|---------|-------------------|
| Gernester of completion.  |                  |             |         |                   |
| List courses completed for certificate program  |                  |             |         |                   |
| Dept<br>Code  | Course<br>Number | Course Name | Credits | Semester<br>Taken |
|   |                  |             |         |                   |
|   |                  |             |         |                   |
|   |                  |             |         |                   |
|   |                  |             |         |                   |
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|   |                  |             |         |                   |
|   |                  |             |         |                   |
| Total KSU credits   |                  |             |         |                   |
| 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. |                  |             |         |                   |
| Name of certificate program coordinator ( <i>Please Print</i> )  Signature of certificate program coordinator   |                  |             |         |                   |

## Form submission instructions

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