



# Graduate Credential Completion Form

**NOTE: Requires Adobe Acrobat to fill-in and sign**

Please complete this form if you have completed the requirements for a graduate credential. Completing this form allows the Graduate School to approve the awarding of your credential. Please note that you will receive a diploma but the credential will not be noted on your transcript.

Name as on University  
Records (Last, First Middle)

Student Number

Email Address

Degree:

Credential:

Please list the courses that you completed to fulfill the credential requirements.

| Course Number      | Course Title | Required for your degree?                          | Credit Hours | Grade |
|--------------------|--------------|--|--------------|-------|
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
|                    |              | <input type="radio"/> Yes <input type="radio"/> No |              |       |
| Total Credit Hours |              |  |              |       |

Semester of Completion

Year

Student Name

Student Signature

Date:

**Approved (Required Signatures):**

Program Director Name

Program Director Signature  
The courses listed above with the grades earned meet the credential requirements.

Date:

Graduate School Name

Graduate School Signature

Date: