Graduate Certificate Application Form

Last name  First name  Degree program  Department

Term degree work was begun  Hours completed (not including present term)  GPA

Projected term of graduation  Departmental advisor name

Description of medieval or renaissance specialty:

Proposed courses for CMRS Certificate curriculum (include second choices):

Language Proficiency (check A or B).
A. _____ Proficiency in Latin will be demonstrated by coursework _____ or examination _____ (check one).
B. _____ Proficiency in another research language has been approved by my departmental advisor and CMRS.
Language: ________________. Proficiency will be demonstrated by coursework _____ or examination _____.

Advisor Approval.
The undersigned approve the applicant’s request to undertake the CMRS Certificate program:

______________________________
Departmental Director of Graduate Studies  Date

______________________________
Departmental Advisor  Date