



CENTER *for* MEDIEVAL & RENAISSANCE STUDIES

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