

# Intent to Complete a Graduate Certificate

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

Please complete this form if you are a graduate degree-seeking student at the University of Colorado Denver|Anschutz Medical Campus who intends to earn a graduate certificate as part of your studies. Completing this form allows the certificate to be added to your academic record and alerts the Certificate Program Director of your intent to participate in this program. No further application is required. Note that non-degree-seeking students must [apply directly to the selected Certificate Program](#).

Name as on University Records (Last, First Middle)  Student Number 

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Mailing Address

Telephone Number 

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 Email Address

Degree  Certificate Campus  Anschutz Medical Campus  Denver Campus

Anschutz Campus Certificate

Please list the courses in which you intend to enroll to fulfill the Certificate Program requirements. Based on your prior training and with program permission, enrollment in different courses might be possible, but sharing a preliminary list allows the Certificate Program Director and the Graduate School to head off any problems.

Course Number	Course Title	Required for your degree?*
		<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
		<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

\* Certificate courses are only eligible for financial aid if they also count toward your degree. If you receive financial aid and intend to register for courses not required/counted toward your degree, please contact the Graduate School Associate Dean (Denver) or Assistant Dean (Anschutz) for advice.

Anticipated Semester of Completion  Year 

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Student Name Student Signature Date:

**Approved (Required Signatures):**

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
For PhD Programs: Primary Mentor Name	For PhD Programs: Primary Mentor Signature <small>The courses listed above are required/will count toward the student's degree.</small>	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Degree Program Director Name	Degree Program Director Signature <small>The courses listed above are required/will count toward the student's degree.</small>	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Certificate Program Director Name	Certificate Program Director Signature <small>The courses listed above will meet the certificate program requirements if completed with grades at or above the minimum grade (at least "B-") that the Certificate Program requires.</small>	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Graduate School Name	Graduate School Signature	Date: