TEXAS WOMAN'S UNIVERSITY

Completion of Graduate Certificate

Student ID: _____ Date: _____

Student Name: _____

Certificate Earned: _____ Program: _____

	Course Number	Course Title	Credit Hours	Semester Completed	Grade

We, the undersigned, affirm that according to departmental records, and upon successful completion of the current enrollment term, this student will have successfully completed all coursework and met all requirements for the Graduate Certificate.

Major Professor/Committee Chair: _____

Chair/Director/Associate Dean/Dean: _____

Graduate School Approval: _____

This form must be submitted no later than the week following finals in order for the Registrar's Office to post the certificate to the students' transcript for the completion term.

Send completed form to: gradschool@twu.edu This form was last revised in January 2024

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.

The Graduate School

940 898 3415 | gradschool@twu.edu