

Checklist for Materials Certificate Completion

Name: _____ ID: _____

Expected Graduation Date: _____

Home department: _____ Advisor: _____

Date of entry to Certificate program: _____

Student's status at time of entry to Certificate Program: _____

Courses completed:

	Course ID	Title	Semester	Prerequisites Met [X]	Completed [Grade]
List A					
List B					
List B					
List C					
List C					

Attachments:

Trasncripts on entry to program _____

Student's Statement of Purpose _____

Transcripts on award of certificate _____

Signatures upon completion:

Certificate Advisor: _____ Date: _____

MWG Secretary: _____ Date: _____

Head of Certificate Program: _____ Date: _____

Dean of Engineering: _____ Date: _____