



Graduate Certificate Plan of Study

Submit to the Graduate School, 210 Jesse Hall.

Student name: _____

Mizzou ID number: _____

Certificate program: _____

Anticipated certificate completion date: _____

_____ *(if applicable)*

Academic program: _____

Degree (i.e. MS, MA, PhD): _____ Major: _____

Consult the Graduate Catalog for a list of approved graduate certificates.

Proposed Plan of Study: List the course numbers, course titles, number of credit hours and the term in which the courses have been/will be taken. The certificate Plan of Study must be approved by the official certificate coordinator.

Course number	Title	Hours	Semester/Year	Grade

Total Hours (12 graduate hours minimum) _____

The program of study is approved as stated. Subsequent changes must be reported on a Program of Study Course Substitution form.

Student signature Date Graduate dean's signature Date

Certificate coordinator's signature Date

DO NOT WRITE IN THIS BOX (office use only)	Date copies sent to the coordinator: _____
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