



NOTIFICATION OF INTENT TO QUALIFY FOR A CERTIFICATE

Student Name: _____ Student ID Number: _____

Date: _____

I propose to qualify for a certificate in the following field of study: _____

Current Major: _____

Anticipated Graduation Date: _____

I understand that at least 9-12 semester credits are required in subjects approved by my Major and Certificate departments of study. A total of 50% of the credits must be taken at SDSM&T and a cumulative GPA average of 2.00 or better is required.

The subjects that are to be used to meet the requirements for the designated certificate are:

COURSE NUMBER	COURSE TITLE	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses approved on _____ by _____ Major Department
Date Signature

Courses approved on _____ by _____ Cert. Department
Date Signature

Student Signature: _____

I request that upon graduation the listing of this certificate be included on my transcript.