

GRADUATE CERTIFICATE CLEARANCE FORM

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Please obtain all signatures prior to submitting this form to the Registrar's Office for preparation of your certificate.

Last Name First Name MI

UML/SIS ID Telephone Email

Program

Certificates will be mailed to your permanent address in SIS.

I understand that it is my responsibility to satisfy all financial obligations to the University of Massachusetts Lowell including, but not limited to tuition, fees, library, parking, fines, etc.

Date

Student Signature

Four courses must be completed within a five year period with a minimum 3.0 grade point average and with not more than one course with a grade below B.

COURSES COMPLETED

Course Number	Course Title	Credits	Grade
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* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*For certificates that require more than 12 credits.

I certify that the student has met all requirements of the certificate program pending successful completion of the final semester grades.

Date

Signature of Coordinator

NOTES:

1. You must already be matriculated into the certificate program prior to the semester you are completing.
2. Please see the [graduate academic calendar](#) for conferral/certificate completion deadlines.
3. Certificate clearance follows graduate school graduation deadlines.

For Office Use Only:

Doc Type: Clearance Form

Processor Name Date Verifier 1 Name Effective Term

Imager Name Date Verifier 2 Name