

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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*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. Fall completion (February 1, 2020): submit by December 16, 2019.
3. Spring completion (May 18, 2019): submit by March 29, 2019.
4. Summer completion (August 31, 2019): submit by August 16, 2019.
5. Please allow a few weeks after it is posted in SIS to be mailed.

For Office Use Only:

Doc Type: Clearance Form

Processor Name Date Verifier 1 Name Effective Term

Imager Name Date Verifier 2 Name