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

A  Student Name ___________________________________________  
    (name will be printed as it appears in iSiS)

    Student ID ___________________  Program ____________________________

**Certificates will be mailed to your permanent address in iSiS**

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.

Signature of Student _____________________________  Date ________________

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

Signature of Coordinator _____________________________  Date ________________

The 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:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>_____________</td>
<td>________</td>
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<tr>
<td>5*</td>
<td>_____________</td>
<td>________</td>
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<tr>
<td>6*</td>
<td>_____________</td>
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</tr>
</tbody>
</table>

* For certificates that require more than 12 credits.

**Notes:**

1) You must already be matriculated into the certificate program prior to the semester you are completing.
5) Please allow a few weeks after it is posted in iSiS to be mailed.

Rev. 4/27/12