Western Michigan University
Office of the Registrar
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5256
(269) 387-4300
wmich.edu/registrar

Graduate Certificate Program Outline

Name:	
Western Identification Number (WIN):	
Permanent Address:	
City:	
State:	
Zip:	
Graduate Certificate Program:	
Date Admitted:	
Expected Completion Date:	
Actual Completion Date (month/year):	
Present Field of Graduate Study:	
Date Admitted:	
Expected Graduation Date (month/year):	

PROGRAM REQUIREMENTS

Course Title	Course Number	Term Elected	Credit Hours	Grade	Transfer

Signatures:

Graduate Certificate Program Advisor: _____ Date: _____

Student: _____ Date: _____

Submit original outline to the Registrar's Office Copies to: Advisor and Student

Print