

University of Idaho

Academic Certificate Tracking/Verification Form

Certificate Name _____

Student Name _____ Graduate student
 Non-degree student

Address _____ Student ID# _____
 _____ Entering GPA (2.8 to qualify) _____

E-mail _____ Start Date _____

Phone _____

Course (subject, number & title)	Credits	Date Completed	Grade (B or better to qualify)

I have successfully completed all of the course requirements within the department's required time frame, and submit application for this certificate.

 Student Signature

 Application Date

It has been verified that this student is qualified to receive this certificate award.

 Certificate Coordinator Signature

 Date

 Department Chair Signature

 Date

Steps completed by academic department:

- Academic Certificate Declaration* is on file (part of *Change of Curriculum* form) _____ (date)
- Award presented or mailed to student _____ (date)
- Original tracking form and copy of award retained by department _____ (date)
- Copy of this form, and copy of certificate award, including all signatures, sent to Registrar's Office for inclusion on transcripts _____ (date)