Certificate Request Form (CRF)

All Graduate Students Form

Students who are in selective programs, can apply for a certificate. The student's account will be charged \$5.00, for each certificate requested, at the end of the semester when it is printed. The fee is nonrefundable, nontransferable, and subject to change without notice. Certificates will be printed in-house for distribution to the student.

This request must be received by the Office of the Registrar before the application deadline of the graduating term.

- o Complete the Certificate Request form in its entirety
- o Consult with the Advisor of the Department about requirements and approval
- o Acquire necessary signatures from
 - ➤ Graduate Advisor/Coordinator
 - > Student
- The Advisor/Coordinator will need to <u>email</u> the completed form to the Office of the Registrar via gradteam@uta.edu

All students should adhere to the Application for Graduation Deadlines posted at: https://www.uta.edu/records/graduation/deadlines.php

University of Texas at Arlington Office of the Registrar Graduation Team

University Administration Building Room 129 · Box 19088 701 South Nedderman Dr Arlington, TX 76019-0088

Phone: 817-272-3372 Email: gradteam@uta.edu

Reminder: Make sure you retain a copy for your records.

The University of Texas at Arlington

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Student	:	Last Name:	First Name:		UTA ID:
College/School:		Department:			
Certific	rate Name: Example:	MED Literacy Option	Certificate Plan Code:	mple: EDCIEDNTR\$	Sub-Plan Example: EDCIMRTRS Code:
Award/ed Term: 20		erm: 20 Semester	◆ Student is requesting Certificate Reprint ester ◆ Student is requesting New Certificate		
		The above student gives student record, accepts responsibility to apply for galso understands that certific in-house for distribution, for released, and are not backdate	responsibility of the for graduation by the graduation tates are conferred after the ee is not posted until a	ee, and acknowledges ion application deadline. St he transfer deadline, are p	the udent rinted
Student Name			Student Signature		Date (mm/dd/yyyy)
By the signatures on this form the graduate advisor/certificate coordinator and student are in agreement that the intention to successfully complete the certificate and apply for graduation in the current term as indicate above					
Advisor Name • Final M Comments/Notes		◆ Final MAP is satisfied	Advisor Signature		Date (mm/dd/yyyy)
Gradteam Only	Received by:	Date:		Final Masters MAP Satisfied	
Gra	Processed by:	Date:		Eligible term open for graduation	