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 Certificate Request Form (CRF)

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Student:		ast Name: First Name:		UTA ID:	
College,	/School:	Department:			
Certific	ate Name: Example:	MED Literacy Option	Certificate Plan Code:	Example: EDCIEDNTRS	Sub-Plan Example: EDCIMRTRS Code:
Award/ed Term: 20		erm: 20 Semeste	 Student is requesting Certific Student is requesting New Certific 		-
student record, responsibility to also understands in-house for dis		student record, accepts responsibility to apply for also understands that certifi	dent gives permission to apply the certificate listed to accepts responsibility of the fee, and acknowledges apply for graduation by the graduation application deadline. St that certificates are conferred after the transfer deadline, are p tribution, fee is not posted until after the certificates have not backdated.		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 Comments/Notes		• Final MAP is satisfi	Advisor Signature ed		Date (mm/dd/yyyy)
Gradteam Only	Received by: Processed by:	Date: Date:		Final Masters MAP Satisfied Eligible term open for graduation	

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.