

Department Name and Number _____	CIP Code _____
Current Certificate Identification Certification Name _____	
Effective Term and Year _____ Terminate Certificate <input type="checkbox"/> Other Changes (specify below) <input type="checkbox"/>	

Change Certificate Identification to:

Certification Name _____

Certification Name for Transcript (please limit to 50 characters) _____

Credit Hours: From ____ To ____

Description (50 word maximum)	
From:	To:
Prerequisites	
From:	To:
Certificate Requirements	
From:	To:

Rationale /Place in Curriculum/Impact on Program

Department Contact	Name _____	Phone _____	Email _____
College Contact	Name _____	Phone _____	Email _____