



Department Name and Number		CIP Code
Certificate Name _____		
Certification Name for Transcript (Maximum 35 characters) _____		
Effective Year and Term		Amount of Credit _____
Certificate Description (50 words or less)		
Requirements: For each course indicate prefix, number, title, # credits, and established grading scheme (letter graded, and/or S/U). The title should be identical to the official title of the course as listed in the Graduate Catalog.		
Prerequisites		

**Rationale** 1.) Give a rationale for offering the certificate. 2.) Please include this statement and the appropriate answer (Yes or No): "A Graduate Council approved concentration already exists in this area of study." 3.) If Yes, include a statement of the differences between the concentration and proposed certificate. 4.) If the program has students currently pursuing a non-Graduate Council approved certificate, please provide the transition plan for these students.

**Student Learning Outcomes:** List each outcome and assessment method.

**Department Contact**

Name  
Phone

Email

**College Contact**

Name  
Phone

Email