


The correctly displayed form looks like this.



**Graduate School**  
UNIVERSITY OF COLORADO  
DENVER | ANSCHUTZ MEDICAL CAMPUS

**Graduate School Use Only**

Approved \_\_\_\_\_ Card \_\_\_\_\_

Comp Exam Date \_\_\_\_\_

Exam Results \_\_\_\_\_ Reg. \_\_\_\_\_

Total Hours \_\_\_\_\_ Trans Hours \_\_\_\_\_

Thesis Aprvd \_\_\_\_\_ Hrs \_\_\_\_\_ Grade \_\_\_\_\_

Thesis Defense Date \_\_\_\_\_

Exam Results \_\_\_\_\_ Reg. \_\_\_\_\_

### Intent to Complete a Graduate Certificate

Please complete this form if you are a graduate degree-seeking student at the University of Colorado Denver|Anschutz Medical Campus who intends to earn a graduate certificate as part of your studies. Completing this form allows the certificate to be added to your academic record and alerts the Certificate Program Director of your intent to participate in this program. No further application is required. Note that non-degree-seeking students must [apply directly to the selected Certificate program](#).

Name as on University Records (Last, First Middle)  Student Number

Mailing Address

Telephone Number  Email Address

Degree  Option/Emphasis: (If Applicable)

Certificate Campus:  Anschutz Medical Campus  Denver Campus

Anschutz Campus Certificate

Please list the courses in which you intend to enroll to fulfill the Certificate Program requirements. Based on your prior training and with program permission, enrollment in different courses might be possible, but sharing a preliminary list allows the Certificate Program Director and the Graduate School to head off any problems.

Course Number	Course Title	Is this course also required for your degree?*

\* Certificate courses are only eligible for financial aid if they also count toward your degree. If you receive financial aid and intend to register for courses not required/counted toward your degree, please contact the Graduate School Associate Dean (Denver) or Assistant Dean (Anschutz) for advice.

Anticipated Semester of Completion  Year

Student Name

Student Signature

Date:

**Approved (Required Signatures):**

For PhD Programs: Primary Mentor Name

For PhD Programs: Primary Mentor Signature

Date:

Degree Program Director Name

Degree Program Director Signature  
The courses listed above are required/will count toward the student's degree.

Date:

Certificate Program Director Name

Certificate Program Director Signature  
The courses listed above will meet the certificate program requirements if completed with grades at or above the minimum grade (at least "B-") that the Certificate Program requires.

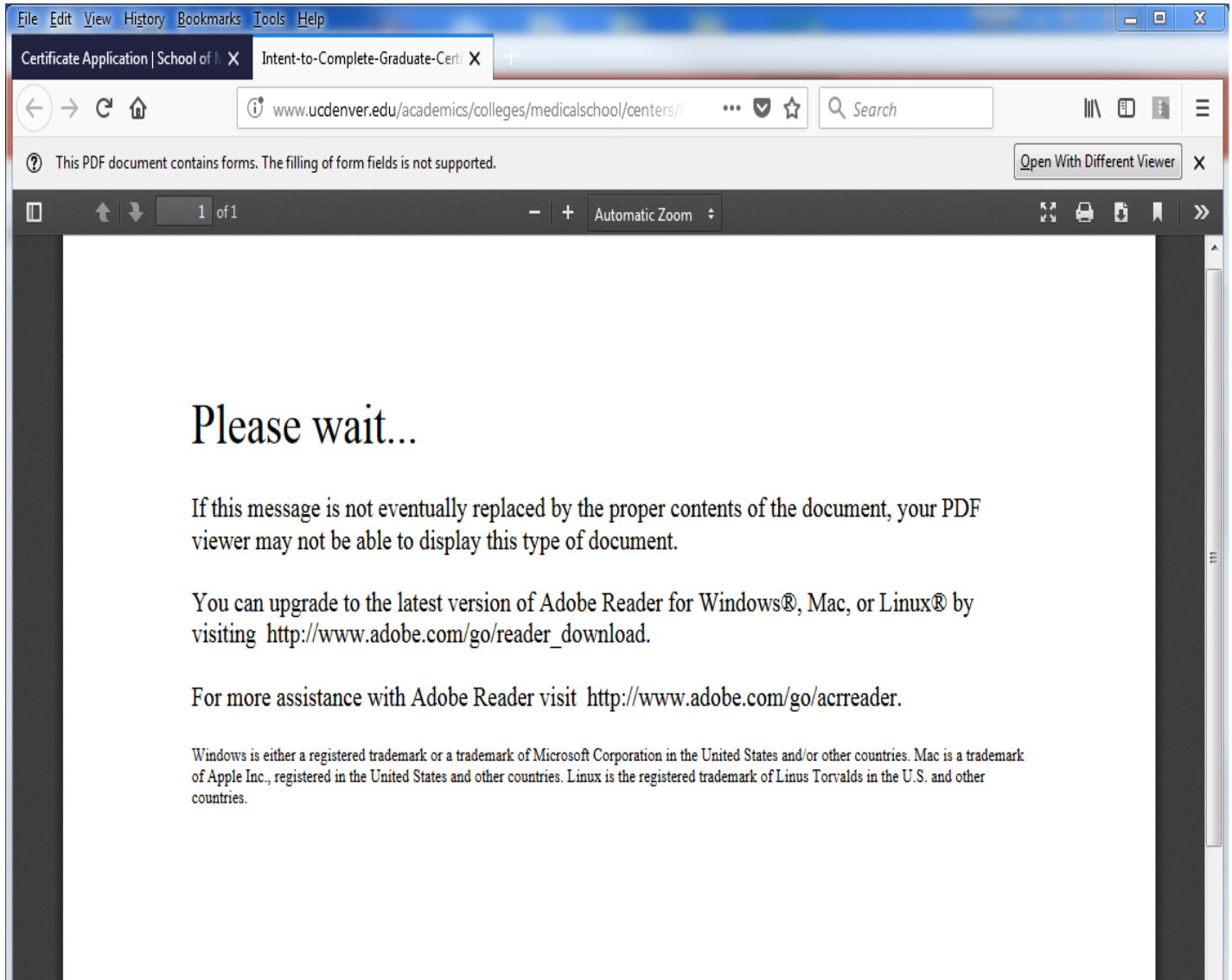
Date:

Graduate School Name

Graduate School Signature

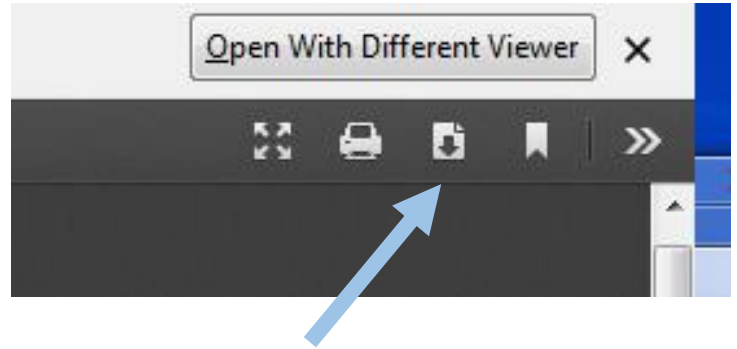
Date:

**If you see this *instead of the form*, you need to download the form and save it to your computer. The next page will show you how.**



## If using Firefox browser:

In the upper right of your screen, click here to download the form to your computer.



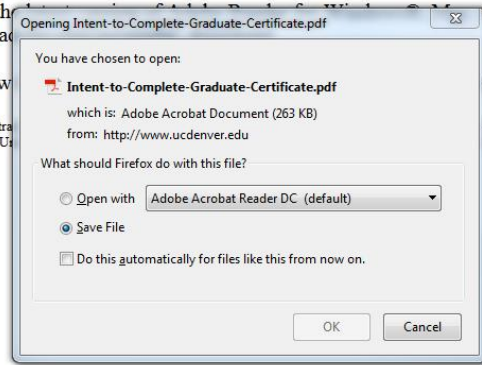
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