

Post-Master's Certificate Program
in Graduate Studies
Advising Sheet

Student Name: _____

Address: _____

Email: _____

Original Semester/Year of Matriculation: _____

Catalogue Year: _____

Semester-Year of Graduation: _____

Core Requirements:

<u>Course</u>	<u>Title</u>	<u>Semester/Year</u>	<u>Credits</u>	<u>Grade</u>
GLS 599	Qualifying Exit Exam	_____	<u>2</u>	_____

Electives:

<u>Course</u>	<u>Title</u>	<u>Semester/Year</u>	<u>Credits</u>	<u>Grade</u>
GLS _____	_____	_____	_____	_____
GLS _____	_____	_____	_____	_____
GLS _____	_____	_____	_____	_____
GLS _____	_____	_____	_____	_____
GLS _____	_____	_____	_____	_____
Electives Total:			_____	_____

Transfer Credits from other Institutions (maximum of 3 hours):

<u>Course</u>	<u>Institution/Title</u>	<u>Semester/Year</u>	<u>Credits</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Transfer Total:			_____	_____
Total Credits:			_____	_____

Advisor: _____