705 Commonwealth Avenue Boston, Massachusetts 02215

VERIFICATION	OF ELIGIBILI	TY FOR CERT	IFICATE
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Certificate Program		Department, Program, or Center					
Date	Cert	ificate is to be awarded:	☐ January	🗌 May	☐ September	year	
Name as it is to a	appea	ar on the Certificate:					
First Name		Middle Name or Initial				Last Name	
BU ID: <u>U</u>			-				
Please attach an unofficial transcript and list below the courses used to satisfy the Certificate Program requirements:							
		GRS 719	Bioge	ophysics:			
		GRS 720 or GRS 765	Biogeod	chemistry:			
				Methods:			
	Signature, Certificate Program Director Date			_			
Please keep a cop	y for y	rour records and return this f	orm to:				
Christina Honeycut	tt, Gra	duate Program Specialist					

cjhoney@bu.edu Department of Biology, BRB Room 101 5 Cummington Mall Boston, Massachusetts 02215