



VERIFICATION OF ELIGIBILITY FOR CERTIFICATE

Certificate Program

Department, Program, or Center

Date Certificate is to be awarded: January May September _____
year

Name as it is to appear on the Certificate:

First Name Middle Name or Initial Last Name

BU ID: - -

Please attach an unofficial transcript and list below the courses used to satisfy the Certificate Program requirements:

- GRS 719 Biogeophysics: _____
- GRS 720 or GRS 765 Biogeochemistry: _____
- Methods: _____

Signature, Certificate Program Director

Date

Please keep a copy for your records and return this form to:

Lucy Hutyra, Director of Biogeoscience Program
Professor, Earth and Environment
lrhutyra@bu.edu
Office: CAS 439C