



## 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:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature, Certificate Program Director

\_\_\_\_\_  
Date

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

Graduate School of Arts and Sciences  
Records Office, Room 112  
705 Commonwealth Avenue