



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