

GRADUATE CERTIFICATE CLEARANCE FORM

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Please obtain all signatures prior to submitting this form to the Registrar's Office for preparation of your certificate.

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
UML/SiS ID	<input type="text"/>	Telephone	<input type="text"/>	Email	<input type="text"/>
Program	<input type="text"/>				

Certificates will be mailed to your permanent address in SiS.

I understand that it is my responsibility to satisfy all financial obligations to the University of Massachusetts Lowell including, but not limited to tuition, fees, library, parking, fines, etc.

Date

Student Signature

Four courses must be completed within a five year period with a minimum 3.0 grade point average and with not more than one course with a grade below B.

COURSES COMPLETED

Course Number	Course Title	Credits	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*For certificates that require more than 12 credits.

I certify that the student has met all requirements of the certificate program pending successful completion of the final semester grades.

Date

Signature of Coordinator

NOTES:

1. You must already be matriculated into the certificate program prior to the semester you are completing.
2. Fall completion (February 1, 2018): submit by January 20, 2018.
3. Spring completion (May 19, 2018): submit by March 30, 2018.
4. Summer completion (August 31, 2018): submit by August 16, 2018.
5. Please allow a few weeks after it is posted in SiS to be mailed.

For Office Use Only:

Doc Type: Clearance Form

Processor Name	<input type="text"/>	Date	<input type="text"/>	Verifier 1 Name	<input type="text"/>	Effective Term	<input type="text"/>
Imager Name	<input type="text"/>	Date	<input type="text"/>	Verifier 2 Name	<input type="text"/>		