MICHIGAN STATE UNIVERSITY GRADUATE CERTIFICATE APPLICATION

Office of the Registrar - Degree and Certification
Hannah Administration Building, 426 Auditorium Rd, Room 150, East Lansing, MI 48824-2603
Fax: 517-353-1935 Web: www.reg.msu.edu

PID:		SEMESTER YOU EXPECT TO COMPLETE REQUIREMENTS	: Semester	Year
PRINT NAME AS YOU WANT IT TO APPEAR ON THE GRADUATE CERTIFICATE:				
MAILING ADDRE	SS FOR THE GRADUAT ailed 4 to 6 weeks after being	TE CERTIFICATE: g awarded unless you have a hold on your red	cord prohibiting your certif	icate from being released.)
GRADUATE CER	TIFICATE IN:			
	MAJOR:			
	COLLEGE:			
	Note: This inform	ation will appear on your MSU transcrip	t.	
Signature:			Date:	
Local phone:			Email:	

