Castleton University

DECLARATION OF GRADUATE CERTIFICATE PROGRAM

NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS _____

STUDENT ID _____ HOME/CELL PHONE _____

EMAIL _____ DATE OF BIRTH _____
MONTH/DAY/YEAR

ANTICIPATED COMPLETION DATE _____

Name of institution where you received your bachelor's degree. _____
(If your bachelor's degree was not received from the Vermont State College System, an official transcript must be submitted.)

Certificate Sought:

_____ Graduate Certificate in Analytics (12 cr)

_____ Advanced Graduate Certificate in Analytics (21 cr)

_____ Graduate Certificate in Accounting (12 credits)

_____ Advanced Graduate Certificate in Accounting (21 cr)

_____ Advanced Graduate Certificate in Analytics (21 cr)

_____ Graduate Certificate in Healthcare Administration (12 cr)

_____Advanced Graduate Certificate in Healthcare Administration (21 cr)

_____Graduate Certificate in Leading Organizational Change (12 cr)

_____Advanced Graduate Certificate in Leading Organizational Change (21 cr)

_____Graduate Certificate in Media & Communication (12 cr)

_____Advanced Graduate Certificate in Media & Communication (21 cr)

Student Signature _____ Date _____

Business Department Signature _____ Date _____

FOR OFFICE USE ONLY

TRANSCRIPT RECEIVED	REGISTRAR RECEIVED

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WWW.CASTLETON.EDU | FAX (802) 468-5237