



RECOMMENDATION FOR AWARD OF A CERTIFICATE

Certificates are awarded three times a year: February for completion in the fall term; May for completion in the spring term; and August for completion in the summer.

Name as it will appear on the certificate:

Last _____ First _____ Middle _____

Tufts Student ID _____ Daytime telephone number _____

Certificate to be awarded _____

Concentration (if applicable) _____

Semester/year requirements have been/will be completed _____

Certificate mailing address: _____

CREDITS EARNED AT TUFTS

| Semester/Year | Dept/Course # | Course Title | Credit | Grade* |
|---------------|---------------|--------------|--------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**Grades of B- or above are required*

TO BE COMPLETED BY THE DEPARTMENT OR PROGRAM

Number of courses required for the certificate _____

Subject to the satisfactory completion of any courses in progress, I certify that the candidate qualifies for the certificate (or certificate of completion of the post-baccalaureate program)

Certificate Advisor

Date