REVISED GRADUATE CERTIFICATE IN (Fill in the blank)

**OFFERED BY:**

*(Please list each department and program that offers the certificate.)*

**PARENT DEPARTMENT AND DEGREE:**

*(This is the department/program that is responsible for updating the graduate certificate as needed.) (ex. Department of Electrical and Computer Engineering, Electrical Engineering, MS)*

**INTENDED AUDIENCE: \_\_Main Campus Students \_\_Distance Students \_\_Hybrid** *(Check all that apply)*

**JUSTIFICATION (Reason for revision):**

**CURRENT CURRUCULUM:**

**PROPOSED CURRICULUM:**

**PROPOSED COURSE DESCRIPTIONS:**

*(Please include the delivery method and prerequisites for each course, as well as how often the course will be offered (ie. every fall, spring, summer))*

A cover letter signed by the respective college dean *must* be included with the proposal.

If you have any questions about this form, please contact Graduate Education, 573-341-4141.