

Report of Completion for Graduate Embedded Certificate

KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL			Phone: 780.492.3499 Fax: 780.492.0692 https://www.ualberta.ca/graduate-studies/	
Student ID	Student Last Name, First Name			
Department			Degree Program	
Complete and forward the following information to the Faculty of Graduate Studies and Research once the student has met the requirements for the Graduate Embedded Certificate. Ensure that it is forwarded by the appropriate convocation deadline . Once the student has been approved to convocate from his/her Degree Program, the student will also be approved to convocate with the Graduate Embedded Certificate.				
Graduate Certificate in :				
O Communicable Diseases				
O CBRE Community Based Research & Evaluation				
○ Teaching & Learning in Nursing Education				
O Data Science				
O School Administration Leadership/Administration Scolaire				
O Maternal and Child Health Research (MATCHR)				
By signing this form Graduate Certificate Cod		s met all Graduate Er Signature (digital or han	nbedded Certificate requirem d-written)	ents. Date (MMM DD, YYYY)

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Faculty of Graduate Studies & Research use only:

Signature & Date