

Report of Completion for Graduate Certificate/Graduate Diploma

| | | | Phone: 780.492.3499 Fax:780.492.06 https://www.ualberta.ca/graduate-studi |
|--|---|--|--|
| Student ID | Student Last Name, Fi | rst Name | |
| Department | | | |
| Specialization | | | Date of Completion of Program |
| Once approved, the | | of Graduate Studies and Research by ded to the convocation list. For more <u>0</u> . | |
| O Graduate List Courses: | e Certificate | | |
| List Courses. | | | |
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| ☐ Withi | n Graduate Certificate n degree program | (GC) program. er than the term with the final (| GC registration. |
| ○ Graduate | e Diploma s requirement met. | | |
| *By signing this form Graduate Coordinator/ | n, I certify that the student h Dept Chair | as met all program requirements. Signature | Date (MMM DD, YYYY) |
| | | | |

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Faculty of Graduate Studies and Research use only:

- O Ethics Completed (PG Dip only)
- O Program Completion Milestone
- O Expected

Initials & Date Coded