



UNIVERSITY OF  
SOUTHERN MAINE

## Proof of Completion of Certificate Program in USM Graduate Studies

Please fill in the information below and **send copies of this verification document to the Registrar (113 Corthell, Gorham) and to the Office of Graduate Admissions (39 Exeter, Portland)**. The registrar will generate certificates and send them to the program coordinator for local distribution. The attainment of the certificate will be entered into the students' transcripts. Please submit completed forms at least two weeks prior to the required date of distribution.

**Student Name (Please Print):** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Courses completed for certificate with a grade of C or better (numbers and names):**

---

---

---

---

**Courses in process and anticipated completion dates:**

---

---

I hereby certify that with the completion of the courses listed above, this student has fulfilled all requirements for the USM Certificate of Graduate Studies in:

---

Dean of school/college or faculty designee (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of Graduate Studies**

**Campus Address:**

**Mailing Address:**

**39 Exeter Street**

**P.O. Box 9300**

**207-780-4877**

**Portland Campus**

**Portland, Maine 04104-9300**