



# Certification Program

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: M

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Master's Degree/Rank II Held \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Specific Objective of Certification Program: \_\_\_\_\_

### Courses to be completed in earning the certification:

Course Prefix & No.	Course Title	Semester Hours	Grade
<b>EDU 615</b>	<b>Introduction to Environmental Education</b>	<b>3</b>	_____
<b>EDU 664</b>	<b>Techniques of Teaching Environmental Education</b>	<b>3</b>	_____
	<b>***Choose Two of the Following***</b>		
	_____	<b>3</b>	_____
	_____	<b>3</b>	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

Applicant's Signature \_\_\_\_\_

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line

<b>A P P R O V E D</b>	<input type="checkbox"/>	<b>D I S A P P R O V E D</b>	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
-------------------------	--------------------	------------