



Student ID	Student Last Name, First Name	
Department		Degree Program
<p>Complete and forward the following information to the Faculty of Graduate &amp; Postdoctoral Studies once the student has met the requirements for the Graduate Embedded Certificate. Ensure that it is forwarded <b>by the appropriate <u>convocation deadline</u></b>. 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.</p> <p>Graduate Certificate in :</p>		
By signing this form, I certify that the student has met all Graduate Embedded Certificate requirements.		
Graduate Certificate Coordinator	Signature	Date (MMM DD, YYYY)