REMOTE SENSING GRADUATE
CERTIFICATE REQUEST FORM

Name as you wish it to appear on your certificate:

_____ SID _____

Email Address: _____

Phone Number: _____

Address to which your certificate should be mailed:

_____

_____

Degree Program (circle one):

MS Ph.D. Major: _____Non-Degree Seeking Student (ACCESS): _____

Semester and year in which you expect to graduate: _____

Courses taken to meet the requirements for the Remote Sensing Graduate Certificate:

Course	Semester Taken	Grade	Approved

Student signature: _____ Date: _____

Attach a copy of your unofficial transcript (printed from CUConnect) and submit to the Graduate Advisor in Aerospace Engineering Sciences, ECOT 632.

* *

Department Only

The above-student has satisfied the requirements for a Remote Sensing Sciences Graduate Certificate.

_____ _____

Graduate Program Date

Date Certificate Noted on Student Transcript _____

Date Certificate Sent to Student _____