GRADUATE CERTIFICATE IN SATELLITE SYSTEM DESIGN REQUEST FORM

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CU Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program (circle one): M.S. Ph.D.

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester and year in which you expect to graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses taken to meet the requirements for the Graduate Certificate in Satellite System Design:

UCourseU USemester Taken U UGradeU U Approved

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Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this form to the Graduate Advisor in Aerospace Engineering Sciences, ECAE 128B. This form can also be emailed to aerograd@colorado.edu.

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Department Only

The above-student has satisfied the requirements for a Graduate Certificate in Satellite System Design

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Graduate Program Date

Date Certificate Requested-Registrar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_