



UNIVERSITY OF LA VERNE
Student-Faculty Contract for the Certificate

Name of Student: _____ Certificate Title: _____

Student ID#: _____ Program Location: _____

Department: _____ Intended Date of Graduation: _____

Approved Courses (list by departments)

DEPT	COURSE NUMBER	COURSE TITLE	SEMESTER HOURS	TERM COMPLETED	TO BE COMPLETED	GRADE

Please Note: Students may declare a Certificate upon the approval of the department. Students need to turn in a signed Certificate Contract to the Department Chairperson.

Signature of Student

Signature of Certificate Program Manager