



## Graduate Certificate Audit

Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

### Student Information:

LSU Student ID:

Name:

LSU Email:

Phone:

Home Department:

Program Certificate:

### Coursework Information:

List all relevant LSU courses and hours required toward this certificate.

(Ex: EDCI 7055 (3), ECI 7930 (6))

Courses Completed at LSU:

Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: \_\_\_\_\_

Courses Remaining:

Hours transferred: \_\_\_\_\_

Hours Remaining: \_\_\_\_\_

### Signatures:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Program Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Student Home Dept. Chair/

Grad Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only:

GPA:

Reg:

CW:

Time: