

**GRADUATION APPLICATION FOR
 GRADUATE CERTIFICATE IN
 COMMUNICATION TRAINING & CONSULTING**

NAME: _____ SID# _____
 LAST FIRST MIDDLE
 GRADUATION DATE: December May July August **20**____ (year)

 STUDENT SIGNATURE DATE

DEGREE PLAN (9 HOURS)

COURSE NUMBER	DESCRIPTION	TERM COMPLETED	HOURS
REQUIRED COURSES (6 hours)			
COMM 6324	Seminar in Organizational Communication		
COMM 6330	Seminar in Consulting and Training		
ELECTIVE COURSES (3 hours)			
COMM 6321	Seminar in Instructional Communication		
COMM 6323	Seminar in Interpersonal Communication		
COMM 6326	Seminar in Nonverbal Communication		
COMM 6329	Special Topics in Communication: Communication Assessment		
COMM 6334	Seminar in Conflict Management		
TOTAL HOURS COMPLETED			

CERTIFICATE PROGRAM DEPARTMENT USE ONLY:
 The following course requirements need to be completed: _____

The following deviations from the catalog requirements have been approved: _____

 Department Chair's Signature Date

 College Dean's Signature Date