



Academic Affairs
Office of Graduate Studies

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Request to Recertify Coursework

First & Last Name:			
Coyote ID Number:			
Campus Email:			
Phone Number:			
Course Name & Number:		Term & Year:	
Course Name & Number:		Term & Year:	
Course Name & Number:	Term & Year:		
I certify that this student	t is current in the sul	bject matter of the course(s)	listed above:
Student Signature		Program Coordir	nator Signature
	Graduate Studies	s Certification	
	Approve	Deny	
Associate Dean of Graduate Stud	lies Signature		Date