UNIVERSITY OF ALBERTA

Report of Completion for Graduate Embedded Certificate

Student ID	Student Last Name, First Name

Department	Degree Program

Complete and forward the following information to the Faculty of Graduate & Postdoctoral Studies once the student has met the requirements for the Graduate Embedded Certificate. Ensure that it is forwarded **by the appropriate convocation deadline**. Once the student has been approved to convocate from his/her Degree Program, the student will also be approved to convocate with the Graduate Embedded Certificate.

Graduate Certificate in :

By signing this form, I certify that the student has met all Graduate Embedded Certificate requirements.

Graduate Certificate Coordinator	Signature	Date (MMM DD, YYYY)

Faculty of Graduate & Postdoctoral Studies use only:	Signature & Date