



Name: _____ Student Number: _____

I hereby certify that the above student, who is a candidate for the Postgraduate Diploma in the Department of:

_____, has met all of the requirements for its award.

Date of first registration in courses accepted for credit toward this Postgraduate Diploma: _____

1. List all graduate courses *required* for diploma: _____

2. List any undergraduate courses *required* for diploma: _____

3. List transfer credit courses taken at other universities and recommended for credit. Official transcripts and U of S course equivalency are included: _____

4. Other requirements fulfilled: _____

5. Cumulative Average: _____

On behalf of the Department/College, I recommend that the candidate's name go forward to the Faculty of the College of Graduate Studies and Research for award of this diploma:

Date: _____

(Signature of Department Head, Dean or Designate)

Name (Please type)