



UNIVERSITY OF LA VERNE
Notification of Completion of a Certificate Program

Name of Student: _____ Title of Certificate: _____

Student ID#: _____ Program Location: _____

Department: _____ Completion Date: _____

Approved Courses

SUBJECT	COURSE NUMBER	COURSE TITLE	SEMESTER HOURS	TERM COMPLETED	GRADE

Date Received _____

Date Posted by _____

 Signature of Program Chair