



The University of Texas at San Antonio  
**College of Business Graduate Studies**  
 REQUEST FOR ENROLLMENT IN GRADUATE CERTIFICATE

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

I intend to pursue the Graduate Certificate in: \_\_\_\_\_

I am currently enrolled in a UTSA graduate program.

Degree Program: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Students currently enrolled in a graduate degree program meet the requirements for admission. No additional application process is necessary. Provide proof of admission with this form.

Students not currently enrolled in a UTSA graduate degree program must apply to UTSA as a special (non- degree seeking) graduate student and indicate intent to enter this certificate program. However, admission into or completion of a certificate program does not constitute or guarantee entry into a graduate degree program. Special graduate students will not be eligible for financial aid.

**Prerequisite Background Courses:** The Certificate Program Coordinator may determine that a student requires prerequisite background courses to be adequately prepared for the courses included in the certificate program. This will be noted in the student's file and the student will be notified that the prerequisite courses must be taken before enrolling in certificate program coursework.

NOTE: This form is for record-keeping only and does not constitute an agreement. The student must fulfill all the certificate requirements according to the official UTSA graduate program requirements. The student is also responsible for checking in with graduate program directors and advisors to be sure that he/she continues to be eligible for the certificate. Students who, at any time, decide not to pursue the certificate, should inform both the Graduate Advisor of Record and the Certificate Program Coordinator.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Digital signature is preferred, if you have the capability please use the place signature tool to sign digitally.-Thank you

Approvals:

**Certificate Program Coordinator:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Prerequisite Background Courses:      Not Required      Required: \_\_\_\_\_

**Associate Dean of the College:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

CC: Graduate School upon approval