



Human Rights Graduate Certificate Registration Form

To be completed by the student:

Last name: _____ First name: _____

UNI: _____ PID (available on SSOL): _____

Degree Program: _____

School: _____

Anticipated Graduation Date: _____

NOTE: Students are expected to contact the program prior to each semester in which they plan to complete human rights coursework for the certificate.

To be completed by the Program Advisor/Director or Dean of the student's primary program of study:

Name and Title: _____ Email: _____

- I certify that the aforementioned student is in good academic and administrative standing and may pursue the Human Rights Graduate Certificate in conjunction with his/her primary degree.

Comments:

Program Director Signature: _____ Date: _____