



OFFICE OF GRADUATE STUDIES
CERTIFICATE COMPLETION NOTIFICATION

Name: _____ ID# _____

E-mail Address: _____

Certificate Program in:
(Mark one)

- _____ Archives
- _____ Digital Audio Recording
- _____ Geospatial Analysis
- _____ Information Management
- _____ International Student Music Performance
- _____ Legal Information Management
- _____ Music Performance
- _____ Music Technology
- _____ Piano Pedagogy

Anticipated date for completion of Certificate Program:

December _____ May _____ August _____
Year Year Year

Date

Signature

Please submit this form mid-semester prior to the semester in which you anticipate completing your Certificate Program requirements to the Office of Graduate Studies, Plumb Hall 313, or by mailing the form to:

Graduate Office
Emporia State University
Campus Box 4003
1200 Commercial
Emporia KS 66801