



The rising STAR of Texas™

**Texas State University - San Marcos
Graduate College**

**Certificate Program
Application of Completion**

Printed Name: _____

Student ID: _____

Certificate Program: _____

Semester of Completion of Certificate Program: _____

Signature: _____

Date: _____

NOTE: When the Office of the Graduate College verifies that all certificate requirements have been completed, the Registrar's Office will be notified. The Registrar's Office will add the certificate award to the Texas State University-San Marcos transcript and the certificate will be printed. The Registrar's Office will send the certificate to the appropriate college dean to present at the college's award's day.

Please return this form to:

Texas State University - San Marcos
The Graduate College; ATTN: Patti Hoffmann
601 University Drive; JC Kellam Bldg., Suite 280
San Marcos, TX 78666-4605

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Texas State University – San Marcos
The Graduate College
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