SIU SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE **GRADUATE SCHOOL**

POST-BACCALAUREATE (GRADUATE) CERTIFICATE CLEARANCE

_____   _____

Student Name (as it should appear on the paper certificate)   Date

_____   _____

Dawg Tag   Post-Baccalaureate Certificate Earned

Number of hours completed towards graduate certificate program: _____

Student's GPA: _____ (3.0 or greater GPA in all graduate coursework is required.)

Date of Completion: _____

List courses and other requirements completed to earn the Certificate OR attach advisement checklist showing those courses and requirements.

Semester	Year	Course			#Credit Hours	Grade
		Subject	Number	Title		

Certificate Program Advisor confirmation of program completion

Printed Name: _____

Signature:

Return this form to the Graduate School Graduation Office at grad.graduation@siu.edu.

FOR GRADUATE SCHOOL USE ONLY

Clearance Notes :

Graduate School Signature :

Revised August 2025