

Program of Study for the Advanced Certificate

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| Student Name: | Enter text. |
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| URID: | Enter text. | Program: | Choose an item. |

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| Courses for Credit | Title | Credit Hours | Grade |
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| TOTAL HOURS\*Please note that some programs also have 0-credit hour requirements such as workshops and capstone projects. | Total Hours | Total Hours |

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|  |  |
| Advanced Certificate Program Director Signature | Date |

**Submit completed form to** **registrar@rochester.edu****.**