

**I. CERTIFICATE**

\_\_\_\_\_  
Initiator

\_\_\_\_\_  
Date

College:    CAS    CBPA    COE    CHHS

Certificate Name: \_\_\_\_\_

Please check:    Undergraduate    Graduate    Both

**II. TYPE(S) OF CHANGE:**

- |  |   |
|--|---|
| <input type="checkbox"/> Special Admissions Requirements<br><input type="checkbox"/> Required or Program Prerequisites<br><input type="checkbox"/> Accreditation, if applicable<br><input type="checkbox"/> Licensure, if applicable | <input type="checkbox"/> Certificate Requirements<br><input type="checkbox"/> Required Courses<br><input type="checkbox"/> Electives or Additional Requirements<br><input type="checkbox"/> Residency, if applicable<br><input type="checkbox"/> Total number of hours to complete the degree |
|--|---|

Other, specify \_\_\_\_\_

Note: Elimination of a Certificate requires the President's recommendation and the approval of the GSU Board of Trustees.

Academic Term effective:    Fall    Spring    Summer Session

**III. SUPPORTING DOCUMENTATION—SUBMIT ALL OF THE FOLLOWING:**

1. Attach a copy of the current online catalog curriculum (found at <http://www.govst.edu/catalog>) annotated to show proposed changes.
2. Attach a summary and rationale justifying each proposed change.
3. Attach a copy of the print-ready catalog copy.

**IV. REQUEST RECOMMENDED BY:**

_____ President	_____ Date	_____ Division/Department Chair	_____ Date
_____ Div./Dept./College Curriculum Committee Chair(s)	_____ Date	_____ Dean of the College	_____ Date
_____ University Curriculum Committee Chair	_____ Date	_____ Provost or Designée Approved	_____ Date
_____ *Graduate Council Chair	_____ Date		

\*For graduate level certificates only