***Please return th	his form to the	Office of Graduate	Studies, F-101	or email:	gradschool@stockton.edu	***
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DECLARATION OF CERTIFICATE PROGRAM

Student Name:		z#:								
GRADUATE STUDENTS										
My current curriculum is: MA	☐ MS	□ мва	☐ MSW	☐ PSM	☐ DR					
Program 1:	with a concent	with a concentration in								
DECLARATION OF CERTIFICATE PROGRAM(S): Please meet with the coordinator of your new Certificate Program(s) to discuss the academic details of the program.										
Certificate 1:	Certificate 2: _	_ Certificate 2:								
Certificate 3:	Certificate 4:									
Student Signature:	Date:									
Faculty Signature:		Date:								

^{***}Please return this form to the Office of Graduate Studies, F-101 or email: gradschool@stockton.edu ***