UNIVERSITY OF GEORGIA
GRADUATE CERTIFICATE IN GEOGRAPHIC INFORMATION SCIENCE
COMPLETION FORM

(Please complete and send to the program coordinator for the departmental approval of the certificate)

Student Information

Name: _____

Student ID: _____

Email: _____

Home Department: _____

Degree Program: _____

Major Professor: _____

Expected Graduate Date: _____

List of Courses Meeting Certificate Requirements (15 credits)

Category	Course Number	Course Name	Semester	Grade
Core (3 credits)	GEOG6370	Geographic Information Systems		
Elective (9 credits)				
Internship or project (3 credits)				

----------For Office Use----------

The Geographic Information Science (GIScience) Certificate Advisory Committee certifies that the applicant meets the requirements and is recommended to receive a Graduate Certificate in GIScience.

Signed _____ Date: _____
Coordinator, GIScience Certificate Program