

MONTANA

TECHNOLOGICAL UNIVERSITY

RESTORATION CERTIFICATE CHECK-OUT LIST

This form must be completed and submitted to the Graduate Studies Office before the student can be awarded the Restoration Certificate.

Student's Name: _____ Student ID: _____

- | | | |
|---|----------------------------|-------|
| <input type="checkbox"/> Completed Program Form and Application for Certificate form submitted to the Graduate Studies Office. | _____ | _____ |
| | Graduate Studies Office | Date |
| <input type="checkbox"/> Signature of Department Head or Advisor indicating successful completion of all certificate requirements | _____ | _____ |
| | Department Head or Advisor | Date |
| <input type="checkbox"/> All required courses and deficiency courses (if applicable) completed successfully | _____ | _____ |
| | Department Head or Advisor | Date |
| <input type="checkbox"/> Business Office Check-Out | _____ | _____ |
| | Business Office | Date |
| <input type="checkbox"/> Grad School Office Completion | _____ | _____ |
| | Graduate Studies Office | Date |

All requirements for a Certificate in Restoration have been successfully completed by:

Angela Lueking, PhD, Dean, Graduate Studies _____
Date

Term Degree Posted _____
Verified and Posted by _____ *Date* _____