

MONTANA

TECHNOLOGICAL UNIVERSITY

GRADUATE STUDENT CHECK-OUT LIST Health Care Informatics Certificate

This form must be completed and submitted to the Graduate Studies Office before the student can be certified for graduation.

Student's Name: _____ Student ID: _____

- | | | |
|---|----------------------------|-------|
| <input type="checkbox"/> Completed Program Form and Application for Master of Science Degree 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 degree 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 |

All requirements for a Graduate Certificate in Health Care Informatics
have been successfully completed by: _____

Angela Lueking, PhD, Dean, Graduate Studies _____
Date

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