UCDAVIS
OFFICE OF GRADUATE STUDIES

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Graduate Academic Certificate (GAC) Application

Name: _____ UC Davis Student ID #: _____
last name first name middle name

Current E-mail _____

Graduate Program: _____

GAC: .

STUDENT CERTIFICATION

I understand that I must remain in good academic standing and meet all the requirements of the Graduate Academic Certificate as well as those of my major program.

Student Signature: _____ Date: _____

Printed Name: _____

GRADUATE PROGRAM ADVISER CERTIFICATION

I certify that the above-named student is in good academic standing (as defined in the *Graduate Advisers Handbook*) and eligible to participate in the graduate academic certificate noted on this form.

Graduate Adviser Signature: _____ Date: _____

Printed Name: _____

GAC CHAIR CERTIFICATION

I certify that the above-named student was admitted to the Graduate Academic Certificate on _____ (date)

GAC Chair Signature: _____ Date: _____

Printed Name: _____

GRADUATE STUDIES APPROVAL

Associate Dean for Students Signature: _____ Date: _____