

PITTSBURG STATE UNIVERSITY
Office of Graduate and Continuing Studies
Request for Creation of Certificate

Department of _____ College _____ Date Submitted _____

Effective Date _____ Certificate Name _____

Certificate Description/Rationale:

****Attach Certificate Curriculum**

____ Offer certificate 50% or more online

____ Offer certificate 100% online

Additional Questions:

1. Are students pursuing only this certificate eligible for federal financial assistance based on federal guidelines? (Can the certificate be completed in one year?) Yes No
2. Does the course content contained within this certificate provide relevance to employment opportunities or meet professional objectives for the student? Yes No

If "yes" to both questions, it is the department's responsibility to send a copy of this legislation form to the Director of Financial Assistance to initiate Department of Education approval.

Date _____ Signature, Departmental Curriculum Committee Chairperson _____

Date _____ Signature, College Curriculum Committee Chairperson (if applicable) _____

Date _____ Signature, Council for Teacher Education Chairperson (if applicable) _____

Date _____ Signature, Dean of College _____

Date _____ Signature, Graduate Council Chairperson _____

Approved for effective date: _____

Once approved, this information will be submitted to the Registrar's office for catalog changes.