

University of Colorado - Colorado Springs  
 College of Letters, Arts, and Sciences  
 Department of Geography & Environmental Studies

Request for Award of Certificate  
**Graduate Student Certificate in Geographic Information Science**

Name: _____	Student ID: _____
Email: _____	Phone Number: _____
Mailing address (the certificate will be sent to this address): _____	

I, \_\_\_\_\_, have fulfilled all the required courses as indicated below.  
 (Print name as it will appear on the certificate.)

Required Courses

Course number	Course name	Semester & year course completed	Grade	Validated
GES 5030	Introduction to GIS			
GES 5060	Introduction to Remote Sensing			
GES 5080	Advanced GIS			

Elective Courses

Course number	Course name	Semester & year course completed	Grade	Validated

Completion date of requirements: \_\_\_\_\_

I hereby request that my file be reviewed for completion and that I be awarded the certificate.

\_\_\_\_\_  
*Student* *Date*

\_\_\_\_\_  
*Certificate Director* *Date*

\_\_\_\_\_  
*Department Chair* *Date*