

UNIVERSITY OF GEORGIA
CERTIFICATE IN GEOGRAPHIC INFORMATION SCIENCE
COMPLETION FORM

(Please complete and send to the program coordinator for the departmental approval of the certificate)

Student Information

Name: _____

Student ID: _____

Email: _____

Home Department: _____

Degree Program: _____

Expected Graduate Date: _____

List of Courses Meeting Certificate Requirements (12 credits)

Category	Course Number	Course Name	Semester	Grade
Core (3 credits)	GEOG4370	Geographic Information Systems		
Elective (9 credits)				

-----**For Office Use**-----

The Geographic Information Science (GIScience) Certificate Advisory Committee certifies that the applicant meets the requirements and is recommended to receive a Certificate in GIScience.

Signed _____ Date: _____
Coordinator, GIScience Certificate Program