

Name: _____ Student # _____

Address: _____
Street

_____ *City* _____ *State* _____ *Postal Code*

E-Mail: _____ Daytime Phone: _____

Are you currently enrolled in a degree program? Yes No
If yes, in which degree program are you enrolled? _____

Certificate you have completed:

- _____ *Certificate in Buddhism and Contemporary Psychology* (six courses, 18 units)
- _____ *Certificate in Buddhist Chaplaincy* (eight courses, 24 units) (Filing fee to GTU)
- _____ *Certificate in Buddhist Studies* (four courses, 12 units) (Online)
- _____ *Certificate in Soto Zen Buddhist Studies* (six courses, 18 units)
- _____ *Certificate in Theravada Buddhist Studies* (six courses, 18 units)
- _____ *Certificate in Shin Buddhist Studies* (eight courses, 24 units)

Required Courses	Semester	Grade

Notes:

_____ has completed requirements for the
Student name
Certificate in _____

_____ Date _____
Signature, Program Director

_____ Date _____
Signature, Dean

Certificate Granted on: _____
Date *Signature, Registrar*