



**Kansas State
University**

GRADUATE CERTIFICATE COMPLETION FORM

Send completed form to bmallon@ksu.edu Submit original to:
Graduate School
119 Eisenhower Hall

Student Name: _____
Student Number: _____
K-State eID: _____
Certificate Program: _____
Semester of completion: _____

List courses completed for certificate program

Dept Code	Course Number	Course Name	Credits	Semester Taken
		REQUIRED:		
FSHS/CNRES	751	Conflict Resolution: Core Skills & Strategies	3	
		PLUS THREE OF THE FOLLOWING:		
FSHS/CNRES	752	Conflict & Culture	3	
FSHS/CNRES	753	Violence Prevention & Intervention	3	
FSHS/CNRES	754	Organizational Conflict	3	
FSHS/CNRES	755	Family Mediation	3	
FSHS/CNRES	761	International Conflict & Trauma (Study Tour)	3	

Total KSU credits: 12

Is this certificate to be prepared by the Graduate School? Yes

Date needed: ASAP

I hereby verify to the best of my knowledge that this student has or will have met the requirements of completion for this certificate program by the end of this semester.

Signature of certificate program coordinator

Brett M. Mallon

Name of certificate program coordinator (*Please Print*)

Date