



COASTAL CAROLINA UNIVERSITY  
Office of the Registrar

# Gerontology Certificate Certification

Date \_\_\_\_\_

I certify that I have examined, or have had examined by my designee, the college work of \_\_\_\_\_  
Name of student

\_\_\_\_\_, and that this student will have completed all requirements for a Gerontology Certificate  
Student's ID number

by \_\_\_\_\_, providing the following course(s) are completed with a minimum of the grade specified.  
Month/Year

A minimum GPA of 2.000 or higher must be obtained. The minimum hours are determined by the certificate program (21 earned credits).  
List only courses/grades required for minimal satisfaction for Gerontology Certificate requirement.

| Department | Course number | Course title | Minimum grade required |
|------------|---------------|--------------|------------------------|
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|            |               |              |                        |

Comments \_\_\_\_\_

Signature of adviser \_\_\_\_\_ Date \_\_\_\_\_

Signature of Gerontology Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of department chair of Gerontology \_\_\_\_\_ Date \_\_\_\_\_

Signature of dean of Gerontology \_\_\_\_\_ Date \_\_\_\_\_

Final responsibility for satisfying Gerontology Certificate requirements, as outlined in the University Catalog, rests with the student.  
I understand that all the above requirements must be satisfied as well as any requirements to complete a bachelor's degree.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_