

Application for the Certificate in Transportation Studies

Graduate College

The University of Iowa

After obtaining the advisory's signature, the student should submit this form to **Steve Spears, 349 Jessup Hall, School of Urban and Regional Planning** for his signature by Nov. 1st of the student's first semester pursuing a master's degree.

Any courses completed prior to submission of this application to the Graduate College cannot be counted towards the certificate.

1. _____
Student's ID #
2. ____/____/_____
Today's date
3. _____
Last Name First Name Middle or Maiden
4. When do you expect to receive your master's degree? _____
Month Year
5. Enrolled in School of Urban and Regional Planning
 Dept. of Civil and Environmental Engineering*
6. I will complete the following 15 semester hours of approved transportation courses before my expected date of graduation

Course Number	Course Name	Semester Taken	Credits

Faculty Advisor (print) _____

Advisor's signature

Date

Transportation Certificate Director's signature

Date

***Engineering students:** After obtaining both signatures, return the **completed** form to your academic advisor. It must be added to your electronic academic record and be submitted to Anne Sparks, Academic Coordinator, Graduate College, 205 GILH