

Certificate in Translational Science (CTS) Program

Certification Request Form

Student Name: _____

Graduation Semester: Fall Spring

Year: _____

(Double Click on Box & Mark "Checked")

Regular UTHSCSA Graduate Student: Yes No

If yes, graduate program/track _____

Department/Division: _____

Date admitted to CTS Program: _____

Courses completed towards a Certificate in Translational Science

| Course ID Number | Course Title | Course Semester Credit Hours (SCH) | Yr/semester completed |
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Signature confirms course information above:

Approved for Submission to MSCI-TS COGS for Graduation Recommendation:

Academic Programs Coordinator (Date)

CTS Program Director (Date)