Request A CSCP Certificate Plaque upon Accomplishment of the Program:

Dear CSCP Committee:

I have successfully accomplished the CSCP requirements and received the official certified transcript. I would like to request a CSCP certificate plaque. Please find my information in the attached form.

Name:_____
Last First Middle

Student ID#:_____Email Address: _____
Office Phone Number. _____ Home Phone number _____
Address:

_____
Street Number and Name City State Zip

Major:_____GPR: _____
Department: Computer Science/Mathematics/Statistics/other_____
Date of CSCP Application _____ Date of Completion _____
Month/Year Month/Year

Date (estimated date) of graduation _____
Degree Level: 1st/ 2nd / 3rd /____ year Masters or 1st/ 2nd / 3rd /____ year PhD.
Thesis/Dissertation Committee Chair:_____
CSCP Required Course Completed:
Course 1: _____ Course 2: _____
Course 3: _____ Course 4: _____
Title of Capstone Project:

_____
_____

Brief Description of Capstone Project:

_____
_____
_____
_____

Applicant Signature: _____ Date: _____

RETURN FORM TO (accept digital signature and scanned copies):

Ms. Christine Yang
612A Blocker Building
Institute of Scientific Computation
Texas A&M University
College Station, Texas 77843-3404
Phone: (979)-862-2906 Fax: (979) 845-5827
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