## Certificate Award Petition

### Student Information
- **Name:**
- **Date Submitted:**
- **Address Line 1:**
- **Student ID #:**
- **Address Line 2:**
- **Telephone:**
- **City:**
- **State:**
- **Zip:**
- **Email:**

### Admissions Information
- **Undergraduate Degree:**
- **Major:**
- **School:**
- **Date Received:**
- **Intended Degree at UML, if any:**
- **Do you want counseling about a degree program?**
  - ___ Yes
  - ___ No

### Course Method:
- ___ On Campus
- ___ Off Campus
- ___ Online
- ___ Mixed

### Courses Submitted Toward Certificate

*Please Note: Students must have attained a minimum 2.0 grade point average in order to receive a certificate.*

<table>
<thead>
<tr>
<th>Required Courses: (2)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>___ MKTG.3100 Digital Marketing</td>
<td></td>
</tr>
<tr>
<td>___ MKTG.4300 Social Media Marketing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electives: (2)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>___ MKTG.4070 Retailing</td>
<td></td>
</tr>
<tr>
<td>___ MIST.4070 Electronic Business</td>
<td></td>
</tr>
<tr>
<td>___ MKTG.4010 Advertising</td>
<td></td>
</tr>
<tr>
<td>___ MKTG.4110 Marketing Analytics</td>
<td></td>
</tr>
</tbody>
</table>

### Substituted or Transferred Course

*only one course permitted*
- **Course Name:**
- **College Where Taken:**
- **Year:**
- **Substituted for UML Course:**

### Signatures
- **Student Signature:**
- **Date:**
- **Program Coordinator Signature:**
- **Date:**

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*Send completed form to:* University of Massachusetts Lowell, Division of Graduate, Online & Professional Studies, One University Avenue, Lowell, MA 01854-2881. **Questions?** Call our Advising Center at 1-800-480-3190 for assistance, or check out our website at https://gps.uml.edu.

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