

**St. Cloud State University
 School of Graduate Studies
 Graduate Certificate in Design for E-Learning
 Certificate Program Form**

Student's Name (please print): _____
 No _____

Master's Program: Yes _____

ID No. _____

Address: _____

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
IM 504 Instructional Design I 3 Cr.	_____			
IM 556 Design and Preparation of Multimedia Presentations II 3 Cr.	_____			
IM 656 Computer-based Authoring 3 Cr.	_____			
IM 686 Seminar: Facilitating E-Learning 3 Cr.	_____			

SIGNATURE OF STUDENT: _____

SIGNATURE OF ADVISER: _____

DATE _____