St. Cloud State University
Graduate Certificate in Geographic Information Science
Certificate Program Form

Student's Name (please print):_____ Master's Program Yes_____ No_____

Social Security Number/Student ID: _____ Date: _____

Address _____
Street City State Zip

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
GEOG 506 Thematic Cartography, 3 cr.				
GEOG 507 Map Design & Presentation, 3 cr.				
GEOG 508 Intro. to Dig. Image Processing, 3 cr.				
GEOG 502 Techniques in GIS, 3 cr.				
GEOG 562 Concepts in Spatial Analysis, 3 cr.				

SIGNATURE OF STUDENT:_____

SIGNATURE OF COORDINATOR:_____ DATE _____

SIGNATURE OF GRADUATE DEAN: _____ DATE _____

Office Use Only:

Student notified: _____

10/05