

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

IM 504

Instructional Design I

3 Cr.

IM 546

Facilitating and Administering E-Learning

3 Cr.

IM 556

Design and Preparation of  
Multimedia Presentations II

3 Cr.

IM 656

Computer-based Authoring

3 Cr.

SIGNATURE OF STUDENT: \_\_\_\_\_

SIGNATURE OF ADVISER: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF GRADUATE DEAN: \_\_\_\_\_

DATE \_\_\_\_\_

Office Use Only:

Student Notified: \_\_\_\_\_

10/05

