



Graduate School
E344 Student Union 937-775-2976

Notification of Completed Graduate Certificate

Last Name:	First Name:
Email:	UID:
Completed Certificate: Innovation & Entrepreneurship	
Term to be Awarded: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	Dept/College: BIE/CECS
PRINT your name as it should appear on the certificate:	
Address where certificate should be mailed:	
Please submit to Jen Walsh / jennifer.walsh@wright.edu / 775-5116	

----- Department use only below -----				
Date received:				
Course Subject and Number	Cr Hrs	Course Title	Semester completed	Grade Received
IHE 6400	3	Engineering Economy		
IHE 6410	3	Technology-Based Ventures		
IHE 6420	3	Innovation & Entrepreneurship Seminar		
MGT 6750*	3	Small Business Management		
MKT 7300	3	Entrepreneurship		

*MGT 6750 can be substituted with MBA 7600 Marketing Strategy.

Completion verified by:	Date:
BIE Department Chair signature:	Date:
Date forwarded to Graduate School:	