

**Notification of Completed Graduate Certificate**

<b>Last Name:</b>	<b>First Name:</b>
<b>Email:</b>	<b>UID:</b>
<b>Completed Certificate:</b> Lean Ergonomics for Manufacturing and Healthcare	
<b>Term to be Awarded:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	<b>Dept/College:</b> BIE/CECS
<b>PRINT your name as it should appear on the certificate:</b>	
<b>Address where certificate should be mailed:</b>	
Submit completed form to <a href="mailto:jennifer.walsh@wright.edu">jennifer.walsh@wright.edu</a>	

----- **Department use only below** -----

Date received:				
Course Subject and Number	Cr Hrs	Course Title	Semester completed	Grade Received
BME/IHE 6310	3	Ergonomics		
BME/IHE 6850	3	Six Sigma for Engineers		
BME/IHE 7850	3	Lean Process Improvement for Engineers		
IHE 6810	3	Production and Service Systems		
IHE 7010	3	Understanding and Aiding Human Decision Making (if eligible)		
IHE 7020	3	Systems Engineering and Analysis (if eligible)		

<b>Completion verified by:</b>	<b>Date:</b>
<b>BIE Department Chair signature:</b>	<b>Date:</b>
<b>Date forwarded to CGPHS:</b>	