



**WRIGHT STATE
UNIVERSITY**

Graduate School
E344 Student Union 937-775-2976

Notification of Completed Graduate Certificate

Last Name:	First Name:
Email:	UID:
Completed Certificate: User Experience (UX) and Design Thinking	
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:	
Submit completed form to jennifer.walsh@wright.edu	

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

Date received:

Course Subject and Number	Cr Hrs	Course Title	Semester completed	Grade Received
IHE 6300	3	Fundamentals of Human Factors Engineering		
IHE 6320	3	Human-System Interaction and Design Thinking Principles		
IHE 7340	3	User Experience Design for Mobile Computing		
Total credits	9			

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