



CERTIFICATE PROGRAM IN DIGITAL ARTS AND CULTURE

University of Wisconsin-Milwaukee

DECLARATION FORM

Date: _____ Student Number: _____ - _____ - _____

Student Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

School/College: _____ Major: _____

Expected Date of Graduation (approximate): _____

**ACADEMIC RECORD WORKSHEET
 (Courses Completed Toward the Certificate)**

| Dept.-Course No. | Title | Credits | Grade |
|---|-------|---------|-------|
| REQUIRED COURSES | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| CONCEPTUAL COURSES: 6 credits required | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| PRACTICUM COURSES: 6 credits required | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*At least nine credits must be in courses numbered 300 or above. 24 credit hours from the approved list must be completed with a GPA of at least 2.75.