



Graduate School  
E344 Student Union 937-775-2976

**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>	
<b>----- Department use only below -----</b>	
Department Contact: Jen Weaver / <a href="mailto:jen.weaver@wright.edu">jen.weaver@wright.edu</a> / 775-5116	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		
BME/IHE 7310	3	Advanced Ergonomics		
BME/IHE 7850	3	Lean Process Improvement for Engineers		
IHE 7810*	3	Engineering Health Systems		

Completion verified by:	Date:
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Explain:	
<b>Co-Director of Ergonomics and Alzheimer's Care signature:</b>	Date:
<b>BIE Department Chair signature:</b>	Date:
Date forwarded to Graduate School:	