



**Department of
CITY & METROPOLITAN PLANNING**
THE UNIVERSITY OF UTAH

375 S. 1530 E. Room 235 AAC Salt Lake City, UT 84112-0370 (801)581-8255 (801) 581-8217 FAX

Graduate Certificate of Urban Planning Completion Plan

Name: _____

UNID: _____

Contact Information

Address: _____

E-Mail: _____

Phone: _____

Admission

Date of Committee Approval: _____

Undergraduate Institution: _____

Degree/Major/Date: _____

Completion Requirements

Requirements are satisfied by completing the minimum credit hours needed in each part, including courses cross-listed with ARCH or REDEV, or others approved by the Department. *(If substitutions are made, the graduate advisor must initial the course form.)*

1. Foundational Knowledge _____

(One course from 6100, 6200, 6240, or 6260)

2. Practical Skills _____

(One course from 6010, 6020, 6030, 6040, 6430, 6450, 6460, 7210, GEOG 6140, or LAW 7010)

3. Substantive Area Electives

(Minimum 9 additional credits – see program announcement for suggested courses)

Completion

Date Registrar notified of completion: _____