



Department of Biomedical, Industrial and
Human Factors Engineering

Graduate Certificate in
Lean-Ergonomics for Manufacturing
Certification Form

Name _____ UID _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Required Coursework:

- | | | | |
|---|-----------|------------|-------------|
| 1. Industrial Ergonomics (HFE 607) | Qtr _____ | Year _____ | Grade _____ |
| 2. Advanced Industrial Ergonomics (HFE 745) | Qtr _____ | Year _____ | Grade _____ |
| 3. Kaizen/Lean Manufacturing (BME/HFE 744) | Qtr _____ | Year _____ | Grade _____ |
| 4. Six Sigma for Engineers (BME/HFE 685) | Qtr _____ | Year _____ | Grade _____ |
| 5. Occupational Safety and Health (HFE 680) | Qtr _____ | Year _____ | Grade _____ |

Please **PRINT** your name as it should appear on the certificate:

Information for mailing certificate:

If certificate is to be mailed to the address above please check: _____

If address is different please list: _____

Signature _____ Date _____

(Departmental Use Only)

Information verified by _____ Date _____

Approved _____ Denied (explain) _____

Co-Director of Ergonomics _____ Date _____

BIE Department Chair _____ Date _____