



# APPLICATION FOR AWARD OF CERTIFICATE

## SECTION 1: To be completed by student

Please PRINT your name as it appears in the permanent university data base. **NOTE: YOUR NAME WILL APPEAR ON YOUR CERTIFICATE AS IT DOES IN THE UNIVERSITY DATA BASE. ANY CHANGES TO YOUR NAME MUST BE VERIFIED BY LEGAL DOCUMENTATION.**

NAME \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 (First) (Middle) (Last) Day

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Address Apt# Evening

\_\_\_\_\_ City State Zip

STUDENT I.D. NUMBER: \_\_\_\_\_

COLLEGE AWARDING CERTIFICATE:  CBPA  CHP  CAS  COE

Certificate to be awarded: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: To be completed by certificate advisor

This is to verify that the above named student has completed all requirements for the following certificate(s):

Certificate: \_\_\_\_\_ Code 

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Certificate: \_\_\_\_\_ Code 

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Certificate: \_\_\_\_\_ Code 

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I have attached a copy of the certificate study plan(s). Certificate Code: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature Date

## SECTION 3: OFFICE OF THE REGISTRAR

CERTIFICATE POSTED: \_\_\_\_\_ Date Posted by: \_\_\_\_\_  
staff initials

Distribution: White – Registrar Yellow – College Pink – Institutional Research