

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 _____ Area code/Telephone _____
(First) (Middle) (Last) Day

_____ Evening
Address Apt #

_____ City State Zip

STUDENT I.D. NUMBER: _____

COLLEGE AWARDING CERTIFICATE: ___ CAS ___ CBPA ___ CHHS ___ COE

Certificate to be Awarded: _____

Expected Date of Completion: _____

Student Signature: _____ Date: _____

SECTION 2: To be completed by certificate advisor. A copy of certificate study plan must be attached.

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

Certificate: _____ Code

--	--	--	--

Certificate: _____ Code

--	--	--	--

Certificate: _____ Code

--	--	--	--

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