



Application for Awarding of a CERTIFICATE

PLEASE PRINT LEGIBLY OR TYPE
(RETURN TO THE REGISTRAR'S OFFICE WITH PAID RECEIPT)

Name: _____
(EXACTLY as it should APPEAR on the Certificate)

Student ID# _____ Last 4 of SS# _____ Phone# _____
Legal Home Permanent Address: _____

Certificate for which you are making application: _____

Term/Year in which you PLAN to Complete your Certificate: (Please check one)

Summer Semester 2018 _____
Spring Semester 2019 _____

Fall Semester 2018 _____
Summer Semester 2019 _____

Due date for Application: Fall – May 31 Spring & Summer – October 31

NOTE: There is a \$10 fee for the awarding of a certificate.

X _____ RECEIPT # _____
STUDENT SIGNATURE DATE (FEE REQUIRED)*

*The University reserves the right to change the fee as necessary.