



INSTRUCTIONS: A candidate for a sub or post baccalaureate certificate must complete and submit to his/her department for verification of certification requirements. The department/s will then review and submit the application to the Graduation Coordinator. If you have NOT met all requirements, your department will notify you.

FALL/WINTER DUE DATE:

Deadline for student submission of this form is **SEPTEMBER 1st**

SPRING/SUMMER DUE DATE:

Deadline for student submission of this form is **FEBRUARY 1st**

*******TO BE COMPLETED BY STUDENT*******

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Student ID Number

PRINT your name as you want it to appear on your certificate

PHONE: (_ _ _) _ _ _ - _ _ _ _ (Where you can be reached if there are questions about your application)

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

Which semester will you complete **all requirements** for your certificate? (If this date changes, contact the Graduation Coord.)

- Spring Semester 20____ Summer Semester 20____ Fall Semester 20____ Winter Semester 20____

AREA OF STUDY:

Sub-Baccalaureate Certificate:

- American Studies Child Life Specialist Digital Forensics Entrepreneurship and Small Business
 Medical Genomics and Counseling Playwork Pre-Medical Science Studies
 Professional and Technical Writing Rehabilitative Justice

Post-Baccalaureate Certificate:

The program coordinator must forward this form (with the appropriate program check sheet and transcript) to the Graduate Office by the deadline

- Business Management Concussion/Mild Traumatic Brain Injury IntraOperative NeuroMonitoring (IONM)
 eLearning Developer Instructional Game Design

***** **DEPARTMENT APPROVAL** *****

(This section is to be completed by the department of the certificate)

1. Will all curricular requirements for the **Certificate** be completed by the end of the term noted above? YES NO, give explanation below
2. Are there any outstanding grades of X, I and/or R that need to be completed? YES NO

I certify that this student is approved with the successful completion of the current semester (and/or the courses noted).

Program Coordinator/Department: _____ **DATE:** _____

Approved for Certificate: _____ **DATE:** _____

Associate Vice President and Dean of Graduate Studies and Research

****This signature is only necessary for those students in a Post-Baccalaureate Certificate Program****

