

Application for Certificate Completion

Name: _____			Student ID: _____		
Last	First	Middle			
Complete Address: _____					
Street	City	State	Zip		
Phone: () _____			*IU E-mail Address: _____		
<i>Notes: The name that will appear on your diploma is the name corresponding to your SID in the student record system. Please inform the Student Records office if you change your address. *Your IU E-mail address is the official method of communication for information about your certificate completion. (make sure it's valid and current)</i>					

Application Deadlines: November 15 (December Grads), **February 1** (May Grads), **May 15** (June Grads), **July 15** (August Grads).

Date of Certificate Completion: ◇ May ◇ June ◇ August ◇ December 20_____

Do you **already** have another Certificate from **Indiana University** (not the certificate you are currently applying for)?

◇ Yes ◇ No If yes please list the certificate _____

If applying for two certificates, or if a previous equivalent certificate has been awarded, you must get signed approval from the Academic Dean. You may pick up the appropriate form in the Office of Student Records.

Do you plan to continue for a **degree (bachelor's or master's)** at IU East? ◇ Yes ◇ No

Specify the degree: _____

Check the box that corresponds to the certificate for which you are applying:

- Certificate in Drug & Alcohol Abuse *SWK*
- Certificate in Gerontology *SWK*
- Certificate in Hispanic Studies *HSS*
- Certificate in International Business *BUSE*
- Certificate in Laboratory Sciences *NSM*
- Certificate in Small Business Entrepreneurship *BUSE*
- Certificate in Technical & Professional Writing *HSS*
- Certificate in Women's & Gender Studies *HSS*

- Certificate in Composition Studies *HSS – GRADUATE STUDENTS ONLY*

Are you currently enrolled in classes at another campus, or enrolled in any independent study courses? Do you have any transfer credits outstanding?

◇ Yes

◇ No

If you answered yes, please list the campus & course(s):

List below all the courses you have not completed that are needed for your certificate requirements. List the courses by semester:

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I have read this application and understand what my responsibilities are as a tentative certificate recipient.

Today's Date

Applicant's Signature

Submit to your Auditor for appropriate signature

For the Auditor:

I have reviewed this student's transcript and thus certify that this student may register as a tentative Certificate recipient.

Today's Date

Auditor's Signature