

## Application for Certificate Completion

<b>Name:</b> _____			<b>Student ID:</b> _____		
Last	First	Middle			
<b>Complete Address:</b> _____					
Street		City	State	Zip	
<b>Phone:</b> (     ) _____			<b>*IU E-mail Address:</b> _____		
<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. *E-mail address must be valid &amp; current as this will be the official method of communication for information about degree completion and graduation ceremony.</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\_\_\_\_\_

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

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 \_\_\_\_\_

Do you plan to continue for a **bachelor's degree** at IU East?    Yes    No   Which one: \_\_\_\_\_

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

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Certificate in American Ethnic and Minority <i>HSS</i>     | Return app to <b>Registrar</b> . |
| <input type="checkbox"/> Certificate in Drug & Alcohol Abuse <i>SWK</i>             | Return app to <b>Registrar</b> . |
| <input type="checkbox"/> Certificate in Laboratory Studies <i>NSM</i>               | Return app to <b>Registrar</b> . |
| <input type="checkbox"/> Certificate in Latino Studies <i>HSS</i>                   | Return app to <b>Registrar</b> . |
| <input type="checkbox"/> Certificate in Technical & Professional Writing <i>HSS</i> | Return app to <b>Registrar</b> . |

**REVERSE SIDE OF THIS FORM MUST BE COMPLETED**

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):

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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

**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