

Application For Certificate

Name:	SSN #	-	-
Last	First	Middle	
Complete Address:			
Street	City	State	Zip
Phone: ()			

Note: The name that will appear on your certificate is the name corresponding to your SID in the student record system. If you change your address please inform the Student Records office.

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

<input type="checkbox"/> Certificate in Drug & Alcohol Abuse (7 courses) Return application to the Registrar BSS 810 (C17) <input type="checkbox"/> Certificate in Gerontology (7 courses) Return application to the Registrar BSS 858(C18) <input type="checkbox"/> Certificate in Hospitality & Tourism Management Return application to the Registrar SCS 935(G60)

- If you are receiving a 5 course Drug and Alcohol Abuse Certificate return this application to Ed Fitzgerald.
- If you are receiving a 4 course Gerontology Certificate return this application to Sally Grohsmeyer

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 degree requirements. List the courses by semester:

Date of Certificate Completion: May June August December 19____

Note: If applying for two equivalent degrees, or if a previous equivalent degree has been awarded, you must get approval from the academic Dean.

Do you intend to participate in Honors Day ceremonies? Yes No

Graduation Application Deadlines are: November 15 (December Grads), February 1 (May Grads and Commencement Participants), May 15 (June Grads), July 15 (August Grads).

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

Today's Date	Applicant's Signature
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For the Advisor:
I have reviewed this student's transcript and thus certify that this student may register as a tentative graduate.

Today's Date	Advisor's Signature
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For Office Use Only:

Matric Date _____ School _____ Exit GPA _____ Class _____

Student Records Grad Master Disk November 18, 1998 FY