OFFICE USE (DR):

CERTIFICATE GRADUATION APPLICATION

Note: a $10.00 Certificate Fee will be added to student's account when this form is received in the Registration & Student Records Office (RSRO).

Please complete this application with your advisor and return completed application to the RSRO.

I plan to complete ___UG or ___GR program requirements by _____
(Month/Year)

Please **PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE.**

Your **LAST NAME** must match your name as it appears on your official records.

_____
First Name or Initial Middle Name or Initial Last Name

Student ID Number (put SSN if ID number is unknown): _____

Certificate Name _____

Local Address _____
Street Address

_____
City State Zip

Contact Information _____
Telephone Number

☐ **Check here if this is a permanent change of address/phone from previous information.**

Please check one: ___ I will pick up certificate ___ Mail certificate to above address

Signatures:

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date