Graduate Certificate Program Application

(Graduate and Non-Graduate School Students)

1. _____ _____ _____
   Last or Family Name (print) First Middle

2. Current Mailing Address: _____
   # and Street
   _____
   City State Zip

3. Telephone number(s) at which you can be reached: Day (____) _____
   Evening (____) _____

4. E-mail address: _____

5. Desired year and term of enrollment in certificate program:
   Year: 20____
   Check one:
   □ Fall
   □ Spring
   □ Summer

6. Certificate program in which you would like to enroll: _____

7. School and department in which you are currently enrolled: _____

Students admitted to a graduate certificate program are subject to the general policies and procedures of the Graduate School. Your signature below indicates your understanding and acceptance of this.

_____ _____
Signature of Applicant Date

Return application to the coordinator of the certificate program in which you are applying to enroll.

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<u>For Office Use Only - Certificate Program Approval</u>

Your signature below indicates your approval of this student to participate in the certificate program noted above.

_____ _____
Signature (certificate program coordinator) Date

Return application to: Graduate Enrollment Services Office, 127 Allen Building, Box 90065
Telephone : 684-3913
FAX: 684-2277