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 the Applicant  
______________________________  
Date

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

For Office Use Only – Certificate Program Approval

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