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