



# 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