

Certificate



Application

NAME: \_\_\_\_\_  
Last First Middle/Maiden

SEX \_\_\_ M  
\_\_\_ F

ADDRESS: \_\_\_\_\_  
Number/Street Apt. No.  
\_\_\_\_\_ City State Zip Code

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME EXACTLY AS YOU WISH IT TO APPEAR ON CERTIFICATE: \_\_\_\_\_

Certificate Concentration:

- Alcoholism Counseling
- Business Management
- Computer Information Management
- Data Processing
- Gerontology
- Industrial/Organizational Psychology
- International Business/Economics
- Legal Studies for Management

Anticipated Date of Completion:

- FALL 20\_\_\_\_
- JANUARY 20\_\_\_\_
- SPRING 20\_\_\_\_
- SUMMER I 20\_\_\_\_
- SUMMER II 20\_\_\_\_

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 FEE (PAYMENT VERIFIED AT THE CENTER FOR STUDENT SERVICES).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<p><b><u>CENTER FOR STUDENT SERVICES USE</u></b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Application Acknowledged</li> <li><input type="radio"/> Certificate Ordered</li> <li><input type="radio"/> Certificate Letter Sent</li> <li><input type="radio"/> Completion Letter Sent</li> <li><input type="radio"/> Hold Notice Sent</li> </ul>
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<p>Center for Student Services Validation</p>
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