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:
   Check one:
   Year:  20____
   □ Fall
   □ Spring
   □ Summer

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

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

8. Your expected graduation date (semester and year) ____________________________

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.

Certificate Program Coordinator Approval
Your signature below indicates your approval of this student to participate in the
certificate program indicated above.

___________________________________  _____________________
Signature (certificate program coordinator)        Date

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