CLARION UNIVERSITY

Application for Certificate

Note: Please print or type your legal name as you would like it to appear on your certificate. This form should be printed, signed, and submitted to your advisor. If you want your legal name changed on your record, you must complete the name change form available at www.clarion.edu/registrar/forms.

Legal Name _____ Clarion ID _____

Please indicate the address you would like your certificate mailed to:

Street Address _____

City, State, Zip _____ Cell/Day Phone _____

E-mail _____

Name of program _____
(i.e. Public Relations, Pre-MBA, etc.) * University approved certificates that meet PASSHE guidelines.

Please specify the semester/session and year that you plan to complete all requirements for your certificate:

Semester/Term _____ (i.e. Fall, Winter Intersession, Spring, Summer 1, Summer 2, Summer 3)

Year _____

Required Signatures:

In signing this form, I certify that I have reviewed my Degree Audit and I understand that I will not complete the certificate on the date specified unless all requirements are met by the official end of that semester. Failure to do so, will result in updating my completion date to the term/year the incomplete work and/or this application are completed. Please see graduation and degree conferral policy for more information: www.clarion.edu/academics/registrars-office/academic-policies.

Student Signature _____ Date _____

Faculty: Before signing this application, please review the student's **Degree Audit** and make sure **all requirements will be satisfied**. If not, please **DO NOT** sign the application until all requirements are met or the appropriate waive/substitution request(s) have been submitted.

Advisor _____ Date _____

Department Chair _____ Date _____

College Dean _____ Date _____

College Dean – please forward this application to the Registrar's Office after the student has successfully completed all requirements for the certificate for notation of completion on the student's academic transcript.