Application for Graduation – Certificate Completion

*All fields are required. Leaving any areas blank may result in a delay in processing or **denial** of your application.*

The name that will appear on your certificate is the primary name corresponding to your ID # in Onestart.

Name: _____ **Student ID:**_____

Last   First   Middle

This address may be used to mail your certificate. Please write clearly and notify the Office of Student Records of any changes.

Complete address:_____

Street   (Apt#)   City   State   Zip

IU Email Address:_____ **Phone: (____)**_____

*Your IU Email address is the official method of communication for information about certificate completion. We are unable to send specific info to outside email addresses. *(Please make sure your IU email is valid and current. If you have questions contact the IT Help Desk at 765-973-8375.)*

Date of Degree Completion: 20_____

◊ May   ◊ August
◊ June   ◊ December

<u>Deadlines to apply for completion</u>:

November 1 – May, June & August
April 15 – December

Mark ☐ the certificate you are applying for:

Certificate in:
☐ Applied Mathematics *(NSM)*
☐ Alcohol & Drug Abuse *(SWK)*
☐ Gerontology *(SWK)*
☐ Hispanic Studies *(HSS)*
☐ International Business *(BUSE)*

☐ Laboratory Sciences *(NSM)*
☐ Pure Mathematics *(NSM)*
☐ Small Business Entrepreneurship *(BUSE)*
☐ Technical & Professional Writing *(HSS)*
☐ Women's & Gender Studies *(HSS)*

Graduate Certificate in:
☐ Composition Studies *(HSS)*
☐ Mathematics *(NSM)*

List **all** the courses you <u>have not completed</u> (**including** the current semester) that are needed for completing your certificate requirements including outstanding transfer credits. *(This list is meant to assist you and your auditor in identifying your remaining requirements.)*

Current Term	Next Term	Following Term (if applicable)

Submit this application to your Auditor for appropriate authorization after signing below verifying:

I have read this application. All information provided is complete and accurate.

_____   _____
Date   Applicant's Signature

Submit application to your Auditor for authorization.

(For a list of auditors visit: http://www.iue.edu/registrar/graduation_information.php#degreeauditors)

For the Auditor:

I have reviewed this student's transcript and certify this student may register as a tentative candidate for the Certificate Completion date selected on page 1.

_____   _____
Date   Auditor's Signature