

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

Deadlines to apply for completion:

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 have not completed (**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