



MILLIKIN UNIVERSITY®

Graduate Certificate Achievement Form

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

217.424.6217
217.420.6789
www.millikin.edu

My student ID is 0 | 0 | | | | | |

(Full name as you want it to appear on your certificate)

Current Degree (check one): MBA: _____ MSN: _____ Current Advisor: _____

Students earning a degree will not earn a given Graduate Academic Certificate if more than 1/3 of the coursework (not including pre-requisites) for said Graduate Academic Certificate satisfies the student's degree requirements.

Please circle the certificate you are achieving:

Example: Entrepreneurship

Entrepreneurship (BMEN-CERT-G)

Information Systems Data Management (ISDM-CERT-G)

Project Management (BUPM-CERT-G)

CONTACT INFORMATION

Please print permanent (home) mailing address below:

Street _____ Apartment Number _____ City _____ State _____ Zip _____

Country (if not U.S.)

Home Phone _____ Work Phone _____ Cell Phone _____

Student's Signature

Date

I have discussed the student's plans to complete all certificate requirements and feel they should graduate by the date indicated above:

Advisor's Signature

Date

Please return the completed form to the Registrar's Office-Room 16, Gorin Hall