

APPLICATION FOR GRADUATE CERTIFICATE

OFFICE USE ONLY					
Receipt #					
Date					

Instructions to Student: Complete the graduate certificate application, pay the \$50.00 fee to the cashier, & submit the application and proof of payment to the Office of Records & Registration. Deadline Date for applications:

Summer & Fall: end of the 1 st week in February Winter & Spring: end of the 1 st week in September 1.		0		•
*		Č	and Spring o	•
Name:				ID:
Address:(Street; City, State, ZIP Code)				
•		T 1		
Birth Date:(Month/Day/Year)		Email:		
Telephone: (Home)	(Mobil	(e)		(Work)
ETHNIC GROUP (REQUESTED FOR FED				
Mexican, Puerto Rican, South or Central American			•	
What is your race?				
ALL INFORMATION BELOW IS REQUIR				ION
Previous Educational Experience				
Name of Institution:	` H	lighest Degree	Earned:	
Concentration:	Y	ear Earned:		
Current Coppin State University (CSU) Prog				
Certificate:				
Certification sought:				
Are you currently enrolled at CSU?	☐ Yes	□ No		
Have you satisfied program requirements?	□ Yes	□ No		
If No, list outstanding program requirements	s :			
DEPARTMENTAL & SCHOOL OF GRADUAT	E STUDIES	APPROVAL		
I have reviewed the above named student's accomplete all certificate requirements in:	ademic recor	rd and based on	this current 1	review the student is expected to
☐ Winter ☐ Spring		Year		
\square Summer I \square Summer II or \square Fall		Year		
Advisor/Chairperson's Signature Date	School Dean's Signature		Date	Graduate Dean's Signature Date
By signing this form, I confirm that I have c	onsulted wi	th my departme	nt advisor r	regarding requirements for certification.

understand that if certification requirements are not satisfied in the semester indicated on this application, no further action will be taken until I submit a new application.