



## Application for Completion of Post-Baccalaureate Certificate

Name: \_\_\_\_\_

Name (as you wish for it to appear on your certificate): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

RU E-mail Address: \_\_\_\_\_

Telephone Number (day): \_\_\_\_\_

Mailing Address (where your certificate will be sent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Certificate to be completed: \_\_\_\_\_

Term of certificate completion: \_\_\_\_\_

If applicable, term of graduate degree completion: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Include completed certificate check sheet)*

Assistant Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_