APPLICATION FOR CERTIFICATE OF COMPLETION

Completion of this form verifies that I am properly enrolled to complete all requirements as required by the School of Applied Studies.

DEADLINE: March 15 for certificates issued Spring and Summer Semester, and October 30 for Fall Semester. Return completed form to Benton 306.

PRINT CLEARLY **(Name should be as you wish it to appear on certificate.)**

NAME_____
Last First Middle

ADDRESS_____
Street City State Zip

MAJOR_____ WIN _____

DAY PHONE_____ EVENING PHONE_____

Date of Completion: Fall 20____ Spring 20____ Summer 20____

Will you participate in the SAS Certificate and Awards Ceremony in May?_____

Are you a member of Phi Theta Kappa?_____
Are you a member of Lambda Nu?_____

Note: Certificates will be available from Program Directors following verification of grades.

Check Appropriate Certificate(s) of Completion

___Legal Studies
___Addiction Counseling
___Non-Profit Management
___Victim/Survivor Services
__ Morita Therapy
___Computed Tomography
___Magnetic Resonance
___HIT Coding Certificate
___Diagnostic Medical Sonography
    ___Cardiac Sonography
    ___General Sonography
    ___Vascular Sonography
___Radiation Therapy
__Graduate Respiratory Therapist - 200323

There is a $25.00 fee for replacement certificates.

Student Signature: _____ Date:_____