## Millersville University

COLLEGE OF GRADUATE STUDIES AND ADULT LEARNING

## **APPLICATION FOR CERTIFICATE COMPLETION**

Please complete this form, obtain adviser and graduate coordinator signatures, and return it to the College of Graduate Studies <u>on or before the date indicated on the graduate calendar for "graduation applications" in the term you</u> <u>plan to complete your certificate</u>. The deadline is generally within the first few weeks of the term for fall and spring or the first week for summer terms.

This information will be used to print your certificate and for printing the commencement program; the form, therefore, must be completed **fully** and **accurately**.

## Print your name exactly as you wish it to appear on your certificate:

	Student ID No					
Currer	nt Mailing Address (this is the a	ddress your certificate wi	ll be mailed to):			
Street City/S		City/State	Zip	Pho	Phone No.	
E-mail A	Address (this will be used to send comn	nencement information)				
	Expected Completion of (check one)	Certificate	Certi	ficate		
	Spring (May)					
	Summer I					
	Summer II					
	Summer III					
П	Fall (December)					
their For d	graduate student commen program (degrees, certific etails www.millersville.edu <b>attend the commencem</b>	ations and certificate u/commencement.	s) from summer-sp	ring that year.	completed	
Signature of Student				Date		
Signature of Graduate Coordinator				Date		
Signature of Department Chair <i>(if required by dept.)</i>			Date			
06/10	Application processed		udies Use Only A:	E: GPA:		