

OFFICE OF THE REGISTRAR & OPERATIONS

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 (206) 220-8030; Fax: (206) 296-2443 Email: registrar@seattleu.edu

CERTIFICATE COMPLETION APPLICATION

(RCAPPLC)

~ Print in Ink ~

INSTRUCTIONS:

- The <u>Application Deadline</u> is the first week of the term in which you plan to complete the course work for the certificate.
- Submit this form to your Academic Advisor to complete the sections below.
- When you have completed all requirements, the certificate will be mailed to your current mailing address. Update your address on SU Online.

Student ID Number:				
Student Legal Name:	First		Area Code SU Email:	e @seattleu.edu
,	SC - BUE - EDU - MRC - NUR -			
	ar): Fall Winter Spring Year Year			
Your name exactly as you would	like it to appear on your certificate (e.g., J	ane W. Conrad)		
➤ Student Signature			Date	
courses in which the student is e form, forward it to the Director of	completed or will complete to fulfill the certi nrolled if they are electives, but show total the program for review. Submit the approv	credits required to me yed form to the Office of	et minimum requirements. <i>F</i> of the Registrar.	
TITLE OF CERTIFICATE				
	THE FOLLOWING COURSES ARE REQUIRED FOR THE CERTIFICATE as outlined in the Catalog Attach a program of study if applicable or another sheet if needed.			
COURSE SUBJECT & NO.	COURSE TITLE	CREDITS	QTR/YEAR TAKEN	GRADE
	Minimum total credits required fo	or certificate	_	
	ne work listed above, the student will have departmental evaluation remains unofficial			
► Advisor Signature				
➤ Director/Chair Signature				
			REGISTRAR'S OFFICE	USE ONLY
04/09		Certifica	ate posted by	Date
01107		Certifica	ate ordered by	Date