

Permission to Enroll in a Secondary Certificate Program

Academic Information		
Last Name (Current Name on SB Records)	First Name	Student I.D. No. (<i>not Social Security #</i>)
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered NO to both questions, indicate your immigration status:	
Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you participating in a certificate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Level (circle one) G1 G2 G3 G4 G5	
Signature of Student _____ Date _____		
<p>The student listed above has approval to work concurrently towards the certificate listed below. We understand that by adding a certificate the time limit for the degree program remains the same and the student must complete the certificate within the time limit for the degree program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both the degree and certificate. We understand that tuition scholarships may only be used for coursework pursuant to the degree program, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 6 graduate credits earned prior to the student being accepted into the certificate program can be applied to the certificate program. <i>International students must get this form signed by International Services.</i></p>		

Primary Degree Program		
Primary Program	Degree Plan (circle one) MA MBA MFA MM MS DA DMA PhD	Matriculation Date (circle one) Fall Spring Summer 20 ____
Student's Primary Program Advisor (<i>Please Print</i>) _____		
Advisor's Signature _____		Date _____
Student's Graduate Program Director (<i>Please Print</i>) _____		
GPD's Signature _____		Date _____

Certificate Program	
Certificate Program	Semester Start (Circle One) Fall Spring Summer 20 ____
Student's Graduate Program Director (<i>Please Print</i>) _____	
GPD's Signature _____	Date _____

Visa & Immigration Services Signature (if required): _____	Date: _____
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For Graduate School Use Only:	
<input type="checkbox"/> Denied & Reason: _____	Date: _____
<input type="checkbox"/> Approved & Processed: _____	Date: _____
Signature	

Graduate School: 2401 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, federal, and state laws. For more information on our policies, visit the Graduate Bulletin.