

South Carolina State University Application For Certificate

OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ Fax: (803) 536-8602

Graduate

December
 May
 July
Year _____

SECTION I (TO BE COMPLETED BY THE STUDENT)

_____ Certificate _____
Campus Wide ID

Telephone (____) _____

Name _____
First Middle Maiden Last (Jr., etc.)

Permanent Address _____ City _____ State _____ Zip Code _____

Local Address _____ City _____ State _____ Zip Code _____

E-Mail Address _____

SECTION III (COMPLETED BY CASHIER)

*PRINT NAME BELOW EXACTLY AS YOU WISH IT TO APPEAR ON DEGREE

GRADUATION FEE DATE
\$ _____

First Middle/Maiden Last (Jr., etc.)

*(Documentation is required for a Name Change. Please attach as necessary.) CASHIER: _____

SECTION II (TO BE COMPLETED BY THE STUDENT) PLEASE SELECT ONE:

CERTIFICATE SOUGHT:

- Environmental Monitoring and Restoration
- Human Development Consultant
- Orientation and Mobility

SECTION III (TO BE COMPLETED BY GRADUATE DEAN):

CLEARED FOR CERTIFICATE COMPLETION: YES NO
IF NO, REASON: _____

SIGNATURE, CHAIRPERSON _____ DATE _____

SIGNATURE, GRADUATE DEAN _____ DATE _____

SECTION IV (TO BE COMPLETED BY THE STUDENT)

I have discussed with my Advisor the remaining requirements I need in order to graduate and have retained a copy of any exceptions for my own records. I understand that if I do not complete the requirements for the certificate listed above, as discussed with my Academic Advisor, in addition to the requirements as outlined in the General Graduate Catalog, I will not be cleared for graduation. If you fail to receive your certificate at the time indicated, you must reapply for the certificate.

SIGNATURE, STUDENT _____ DATE _____

Certificate Application Fee: \$30.00