



# SEATTLE UNIVERSITY

## OFFICE OF THE REGISTRAR

901 12<sup>th</sup> Avenue  
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Seattle, WA 98122-1090  
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Email: registrar@seattleu.edu

# CERTIFICATE COMPLETION APPLICATION

RCAPPLC

~ Print in Ink ~

### INSTRUCTIONS:

- The Application Deadline 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: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Student Legal Name: \_\_\_\_\_ SU Email: \_\_\_\_\_@seattleu.edu  
Last First Middle

College or School of major:  ASC  BUE  EDU  MRC  NCS  NUR  SCE  STM

Completion Term/Year (Fill in year): Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_  
Year Year Year Year

Your name *exactly* as you would like it to appear on your certificate (e.g., Jane W. Conrad) \_\_\_\_\_

► Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Instructions to Academic Advisor:

List all courses the student has completed or will complete to fulfill the certificate requirements including those being completed this quarter. Do not list courses in which the student is enrolled if they are electives, but show total credits required to meet minimum requirements. After you have signed the form, forward it to the Director of the program for review. Submit the approved form to the Office 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 for certificate \_\_\_\_\_

Upon successful completion of the work listed above, the student will have completed all requirements and, therefore, we recommend the certificate be granted. We understand that the departmental evaluation remains unofficial until confirmed by the Office of the Registrar.

► Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

► Director/Chair Signature \_\_\_\_\_

REGISTRAR'S OFFICE USE ONLY	
Certificate posted by _____	Date _____
Certificate ordered by _____	Date _____