



Application for a Certificate of Completion

Complete this form and submit to your certificate program director for review and signatures.

Full Legal Name: _____ Student ID: _____

Non-JMU Email Address: _____ Preferred Telephone: _____

If approved, a certificate will be sent to your permanent address listed in MyMadison.

Certificate Program Name: _____

Term when all certificate requirements were met: Fall ___ Spring ___ Summer ___ Year: _____

Required Courses:

Subject and Number	Title	Term Taken	Credit Hours	Grade

Student Signature: _____ Date: _____

For department use only:

I have reviewed the academic record of this applicant and they have fulfilled all requirements for the specified certificate program. The certificate program is SCHEV approved: ___ Yes ___ No

Certificate Program Director: _____ Date: _____

Academic Unit Head: _____ Date: _____
(If different than Director)