



Application for Certification

Name: _____

Date of Birth: _____ **Student ID#:** _____

E-mail: _____ **Phone Number:** _____

I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.

Signature: _____ **Date:** _____

Certificate student is applying for: _____

Procedures for Application:

1. Complete the form.
2. Submit the form to the Graduation Team in the Office of the Registrar located in the Jordan Student Success Building, Suite 160 or by email, graduation@msudenver.edu.

General Certificate Program Requirements:

1. Student must earn a grade of "C" or better in each course required for the certificate program, unless otherwise specified (some programs require a grade of "B").
2. Students may substitute only ONE course in the certificate program. Requests for course substitutions and exceptions to certificate requirements must be submitted via the Petition for Degree Exception process. Please see your Advisor or Department Chair if an adjustment is necessary.

Office Use Only

Identity confirmed by: _____ Date: _____

Processor/Approver: _____ Date: _____