



<i>Official Use Only</i>	
Registrar Audit	_____
Posted	_____

**CERTIFICATE PROGRAM COMPLETION APPLICATION**

Post Bac/Non-Degree     Degree + Certificate

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**Certificate Programs:**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting Certificate - ACRT     | <input type="checkbox"/> Forensic Science – FSCI                  |
| <input type="checkbox"/> Administration Certificate - ADM  | <input type="checkbox"/> Modern Language Certificate – MLNG       |
| <input type="checkbox"/> Applied Ethics Certificate - APPE | <input type="checkbox"/> Parish Program Manager Certificate – PPM |
| <input type="checkbox"/> Criminalistics Certificate – CJCT | <input type="checkbox"/> Professional Writing Certificate – PW    |
| <input type="checkbox"/> Forensic Psychology – FPSY        | <input type="checkbox"/> Advanced Studies in Autism - ASA         |

**Is student continuing on in a degree program?   Yes   No**

Program Completed Date: \_\_\_\_\_ ( Dec/May/Aug)

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed application together with a completed degree audit report attached to the Registrar's Office, ZCC204.*