

The completion of this form is required for the posting of a certificate to a student's transcript. Incomplete or unreadable information on this form may delay processing and/or result in errors.

Personal Info	Name: Type or print your name.		
	Address: Include your street address, city, state, and zip code.		
	Cell Phone:	Email Address:	
Certificate Info	Certificate:		
	<input type="checkbox"/> Addictions Counseling	<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Practical Ministry
	<input type="checkbox"/> Trauma Counseling	<input type="checkbox"/> Adult-Gerontology ACP Post-Master's	
	<input type="checkbox"/> Gifted Endorsement	<input type="checkbox"/> Family Nurse Practitioner Post-Master's	
Completion Info	Indicate the semester you will complete all requirements for the certificate.		
	_____ Fall Semester (year)	_____ Spring Semester (year)	_____ Summer Semester (year)
	Please note that commencement ceremonies are only open to students completing degree programs. Completed certificates are posted to transcripts at the end of each semester.		
<hr/> Student Signature (<i>Electronic signatures will <u>not</u> be accepted.</i>) Date			
Program Director Approval for Certificate			
<hr/> Program Director Signature Date			
Note to Program Director: If approved, please send a copy to the Office of the Registrar.			

Return your Application for Certificate and a copy of your Advising Worksheet to the Office of the Registrar via one of the following options:

- ✓ Drop your completed form off at the Office of the Registrar located in Founders Hall.
- ✓ Fax your completed form to (330) 471-8661. Email your completed form to registrar@malone.edu.
- ✓ Feel free to call our office at (330) 471-8128 to confirm that we have received your form.