



APPLICATION FOR CERTIFICATE/LICENSURE COMPLETION

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Student ID Number: \_\_\_\_\_

Certificate will be mailed to address listed below:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print your name as you wish it to appear on Certificate: \_\_\_\_\_

Completion of Licensure or Certificate Date:  May  August  December Year \_\_\_\_\_

(All certificate/licensure requirements must be completed by the following deadlines: January 15 for December completion, June 15 for May completion, and August 31 for August completion.)

Certificate or Licensure Program Completed (check one):

Undergraduate Certificate:

- \_\_\_ Grief and Bereavement
\_\_\_ Health Care Administration
\_\_\_ Homeland Security Leadership
\_\_\_ Palliative Care

Graduate Certificate:

- \_\_\_ Grief and Bereavement
\_\_\_ Nursing Education
\_\_\_ Online Teaching

Post Baccalaureate Graduate Licensure:

- \_\_\_ Alternative Education License
\_\_\_ Director of Instruction
\_\_\_ Director of Special Education & Pupil Services
\_\_\_ Principal
\_\_\_ School Business Administrator
\_\_\_ Special Education
\_\_\_ Superintendent
\_\_\_ Teacher Education Certification Program

Course Work in Progress:

Please list all course work in progress at Marian University and all future course work needed for certificate or licensure completion; include the anticipated date of completion for each course.

\_\_\_\_\_
\_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_

Revised: 1/25/12

Confirmation sent: \_\_\_\_\_

Applied in: Year \_\_\_\_\_ Term \_\_\_\_\_

Submit Application to:
Office of the Registrar
Marian University
45 South National Ave.
Fond du Lac, WI 54935