

APPLICATION FOR CERTIFICATE

*All Programs
Office of the Registrar*

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 ACNP Post-Master's <input type="checkbox"/> Gifted Endorsement <input type="checkbox"/> Family Nurse Practitioner Post-Master's		
	Indicate the semester you will complete all requirements for the certificate. <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">_____ Fall Semester (year)</div> <div style="text-align: center;">_____ Spring Semester (year)</div> <div style="text-align: center;">_____ Summer Semester (year)</div> </div>		
Completion Info	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.		
	<div style="border-top: 1px solid black; padding-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Student Signature <i>(Electronic signatures will <u>not</u> be accepted.)</i></div> <div>Date</div> </div> </div>		
Program Director Approval for Certificate			
<div style="border-top: 1px solid black; padding-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Program Director Signature</div> <div>Date</div> </div> </div>			
<p>Note to Program Director: If approved, please send a copy to the Office of the Registrar.</p>			

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.