

# South Carolina State University Application For Certificate

OFFICE OF THE REGISTRAR  
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ Fax: (803) 536-8602

Graduate

December

May

July

Year \_\_\_\_\_

## SECTION I (TO BE COMPLETED BY THE STUDENT)

\_\_\_\_\_ Certificate \_\_\_\_\_  
Campus Wide ID

Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Maiden Last (Jr., etc.)

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## SECTION III (COMPLETED BY CASHIER)

\*PRINT NAME BELOW EXACTLY AS YOU WISH IT TO APPEAR ON DEGREE

GRADUATION FEE DATE  
\$ \_\_\_\_\_

First Middle/Maiden Last (Jr., etc.)

\*(Documentation is required for a Name Change. Please attach as necessary.) CASHIER: \_\_\_\_\_

## SECTION II (TO BE COMPLETED BY THE STUDENT) PLEASE SELECT ONE:

### CERTIFICATE SOUGHT:

- Environmental Monitoring and Restoration
- Human Development Consultant
- Orientation and Mobility

## SECTION III (TO BE COMPLETED BY GRADUATE DEAN):

CLEARED FOR CERTIFICATE COMPLETION:  YES  NO  
IF NO, REASON: \_\_\_\_\_

SIGNATURE, CHAIRPERSON \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE, GRADUATE DEAN \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION IV (TO BE COMPLETED BY THE STUDENT)

*I have discussed with my Advisor the remaining requirements I need in order to graduate and have retained a copy of any exceptions for my own records. I understand that if I do not complete the requirements for the certificate listed above, as discussed with my Academic Advisor, in addition to the requirements as outlined in the General Graduate Catalog, I will not be cleared for graduation. If you fail to receive your certificate at the time indicated, you must reapply for the certificate.*

SIGNATURE, STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**Certificate Application Fee: \$30.00**