

## Permission to Enroll in a Secondary Certificate Program

Academic Information		
<b>Last</b> Name (Current Name on SB Records)	<b>First</b> Name	<b>Student I.D. No.</b> ( <i>not Social Security #</i> )
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered NO to both questions, indicate your immigration status:	
Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you participating in a certificate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Academic Level</b> (circle one) <b>G1</b> <b>G2</b> <b>G3</b> <b>G4</b> <b>G5</b>	
<b>Signature of Student</b> _____ <b>Date</b> _____		
<p>The student listed above has approval to work concurrently towards the secondary certificate program listed below. We understand that by adding an additional certificate program the time limits for the first degree remains the same and the student must complete the second program within the time limit for the original program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both degrees. We understand that tuition scholarships may only be used for coursework pursuant to the program for which it was awarded, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 6 graduate credits earned prior to the student being accepted into the certificate program can be applied to the certificate program. <i>International students must get this form signed by International Services.</i></p>		

Primary Degree Program		
<b>Primary Program</b>	<b>Degree Plan</b> (circle one) MA   MBA   MFA   MM   MS   DA   DMA   PhD	<b>Matriculation Date</b> (circle one) Fall   Spring   Summer   20 ____
<b>Student's Primary Program Advisor</b> ( <i>Please Print</i> ) _____		
<b>Advisor's Signature</b> _____		<b>Date</b> _____
<b>Student's Graduate Program Director</b> ( <i>Please Print</i> ) _____		
<b>GPD's Signature</b> _____		<b>Date</b> _____

Certificate Program	
<b>Certificate Program</b>	<b>Semester Start</b> (Circle One) Fall   Spring   Summer   20 ____
<b>Student's Graduate Program Director</b> ( <i>Please Print</i> ) _____	
<b>GPD's Signature</b> _____	<b>Date</b> _____

<b>Visa &amp; Immigration Services Signature</b> (if required): _____ <b>Date:</b> _____
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<b>For Graduate School &amp; School of Professional Development Use Only:</b>	
<input type="checkbox"/> <b>Denied &amp; Reason:</b> _____	<b>Date:</b> _____
<input type="checkbox"/> <b>Approved &amp; Processed:</b> _____	<b>Date:</b> _____
Signature	

Graduate School: 2401 Computer Science Bldg.  
 School of Professional Development: 2321 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, federal, and state laws. For more information on our policies, visit the Graduate Bulletin.