Office of Records and Registration
126 Tillman Hall
Winthrop University
Rock Hill, SC 29733
Phone: 803/323-2194
Fax: 803/323-4600

Request for Completion of Certificate Program

Please print clearly or type all information requested. Submit this completed form to Records and Registration, 126 Tillman Hall, prior to the end of the third week of the semester in which you expect to complete your certificate program.

_____ Graduation term: May 20____ August 20____ December 20____
Student Number

Name on Winthrop record: _____
Last First Middle Suffix

Address: _____
Street City State ZIP

Telephone: _____
Daytime Evening E-mail Address

_____ _____
Name of Certificate Program Adviser

_____ _____
Student Signature Date

RECORDS OFFICE USE ONLY:

110	7	119
H Req'd	H Comp'd	GPA

Course	Number	Credit Hours	Grade

Notes:

Comments: