



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

APPLICATION FOR COMPLETION OF GRADUATE CERTIFICATE

Please print clearly or type all information requested. Certificate orders are based on the information provided on this form.

***Application fee** - A \$25 application fee will be charged to your student account. Please do not enclose payment when submitting this application.

_____ Completion Term: May _____ August _____ December _____
 Student Number *Year* *Year* *Year*

Name on Winthrop record: _____
 Last First Middle Suffix

Address: _____
 Street City State ZIP

Telephone: _____
 Daytime Evening E-mail Address

Name to appear on certificate: _____
 First Middle Last Suffix

_____ Adviser
 Area of Certification

_____ Date
 Student Signature

RECORDS AND REGISTRATION USE ONLY

_____	_____	_____	_____
SGASTDN	SHADEGR	SHADIPL	SPAIDEN
_____	_____	_____	_____
POS/SHANCRS	H REQ'D	FINAL GPA	
Course	Number	Credit Hours	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes: