



The Graduate School  
Winthrop University  
211 Tillman Hall  
Rock Hill, SC 29733  
Phone: 803/323-2204 FAX: 803/323-2292  
Email: gradschool@winthrop.edu

## 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.

\_\_\_\_\_  
Student Number

Completion Term: May \_\_\_\_\_ August \_\_\_\_\_ December \_\_\_\_\_  
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

Area of Certification \_\_\_\_\_ Adviser \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

### THE GRADUATE SCHOOL USE ONLY

\_\_\_\_\_  
SGASTDN SHADEGR SHADIPL SPAIDEN

\_\_\_\_\_  
POS/SHANCRS H REQ'D FINAL GPA

Course Number Credit Hours Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Notes: