THE GRADUATE SCHOOL
COLLEGE OF CHARLESTON

APPLICATION FOR AWARDING OF A CERTIFICATE

(Note: A non-refundable application fee of $25 must accompany this application)

Name _____ **SSN** _____-_____-_____
Last First Middle or Maiden

Current Address _____
(Number/Street/Apt. No.)

_____ **Email Address** _____
(City/State/Zip Code)

Current Telephone (_____) _____ - _____ **Work Telephone** (_____) _____ - _____

INDICATE THE CERTIFICATE YOU EXPECT TO COMPLETE:

___ Bilingual Legal Interpreting
___ English to Speakers of Other Languages
___ Medical and Healthcare Interpreting
___ Organizational and Corporate Communication
___ Statistics

Please indicate below when you plan to complete your certificate:

Fall_____ (Yr.) Spring_____ (Yr.) Summer I_____ (Yr.) Summer II_____ (Yr.)

Please indicate below the address where the certificate should be mailed:

_____

I am officially applying for a certificate from The Graduate School – College of Charleston. I understand that if any of the above information changes, or if I fail to meet the requirements of my program, I will need to apply for a certificate when these requirements are met, and resubmit the application fee.

Signature _____ **Date**_____

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_____ Certification Application Fee Paid (Staff: please initial and date)_____/_____
_____ Correct Number of Hours/Courses for Program Completed
_____ 3.0 or Better GPA
_____ No "Holds" on Record (check screen 148)

Degree Check Completed By:_____ Date:_____