

Augsburg College Certificate Application

Date Received in Registrar's Office

Print your name as you would like it to appear on your certificate _____

Campus Box # _____

Student Number

For office use only:
Date _____
Signed _____ Date _____

- Candidate for Certificate of (check one):
- Business Management
 - Business Finance
 - I.T.
 - _____

I intend to complete the requirements for the above certificate by _____

Major field(s) of study: _____

Minor field(s) of study: _____

CERTIFICATE REQUIREMENTS *** PLEASE LIST COURSE NUMBERS, NOT NAMES ***

Please ask your major advisor(s) to list all requirements (courses and other) that were completed for the certificate. Your advisor must be from the department in which you are completing your certificate.

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____

Signature of Student _____

Date _____

Signature of Advisor _____ Date _____

Advisor Phone _____ Campus Box # _____

FACULTY: Your signature certifies what requirements have been completed in the certificate program. Please review a current transcript to ensure accuracy.

REGISTRAR COMMENTS

*** TO BE COMPLETED BY THE REGISTRAR'S OFFICE ***
