



WESTERN MICHIGAN UNIVERSITY

Office of the Registrar • 1903 W. Michigan Ave • Kalamazoo, MI 49008-5256

Application for Graduation Audit ~ **GRADUATE CERTIFICATE**

Deadlines to apply for graduation: *(must be turned into the Office of the Registrar)*

Graduation Term	Last Day to Apply	
Spring*.....	December 1	*Commencement Ceremonies Held
Summer I*.....	February 1	
Summer II.....	February 1	
Fall*.....	August 1	

- A payment of \$45 will be billed to your student account.
- A Graduate Certificate Program of Study form must be submitted to the Office of the Registrar before your academic record can be audited for degree requirements.
- Please allow ten (10) weeks for processing.

Graduation Term: Spring Summer I Summer II Fall **Graduation Year:** _____

Name *(as you want it to appear on your certificate)*: _____
Last First Middle

Maiden or other name on file *(if applicable)*: _____ Birth date *(mm/dd/yyyy)*: _____

Western Identification Number: _____

Certificate Address *(mailed 10 weeks after commencement)*:

Daytime phone: _____

Certificate Program:

- | | |
|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Alcohol & Drug Abuse | <input type="checkbox"/> Clinical Trials Administration |
| <input type="checkbox"/> Educational Technology | <input type="checkbox"/> Ethnohistory |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Health Care Administration |
| <input type="checkbox"/> Hippotherapy | <input type="checkbox"/> Holistic Health Care |
| <input type="checkbox"/> Nonprofit Leadership & Admin. | |

Signature: _____ Date: _____

NOTE:

Graduation information, including the results of your audit, will be sent electronically to your wmich.edu e-mail account.

Office of the Registrar Use Only

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