ROOSEVELT UNIVERSITY

Office of the Registrar

Application for Certificate

Please return this application to the Registrar's Office at either campus by the appropriate deadline, by mail, fax, or in person. Make sure all the information is correct.

Student ID Number:_____ Today's Date:_____

Name:_____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Hm. Phone: (____)_____ **Wk. Phone:** (____)_____ **Email:** _____

Primary Campus: _____Chicago _____Schaumburg _____Other

Expected Graduation Date: _____ May _____ September _____ December Year _____

Undergraduate Certificate

____ ABC Relaxation
____ Biotechnology
____ Chemistry
____ Child and Family Studies
____ Computer Science
____ Geographic Information Systems
____ Meeting, Convention,& Exhibition Mgt
____ Meeting Coordinator
____ Non-Profit Management
____ Organizational Leadership
____ Network Computing and Security
____ Web Technology Systems
____ Combined BA/Paralegal /LAP
____ Community College Tchng. FLAME
____ Community College Tchng. SPARK

Graduate Certificate

____ ABC Relaxation
____ Biotechnology
____ Chemical Science
____ Clinical Child and Family Studies
____ Business Fraud Examination
____ E-Learning
____ Geographic Information Systems
____ Health Services Management
____ Hospitality and Tourism Management- Executive
____ Hospitality Educator Certificate
____ Information Technology and Computer Science
____ Information Systems
____ Instructional Design
____ Nonprofit Management
____ Online Teaching
____ Paralegal Studies
____ Performance Consulting
____ Real Estate Development
____ Strategic Management
____ Stress Management
____ Advanced Certificate in Stress Management
____ Telecommunications
____ Training and Development
____ Vocal Pedagogy
____ Women's and Gender Studies

Required Information

PRINT your name EXACTLY as it is to appear on your Certificate (use upper and lower case letters):

_____
First Middle Last

Address to mail Certificate if different from above:

_____
Street State Zip