

OFFICE OF RECORDS AND REGISTRATION
ST. CLOUD STATE UNIVERSITY, AS 118
720 4th AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111 FAX: (320)308-2059
registrar@stcloudstate.edu

A **\$10 per certificate** non-refundable fee must be paid when submitting this application to the Office of Records and Registration. No application will be accepted unless accompanied by this fee. Make checks payable to St. Cloud State University.

APPLICATION FOR UNDERGRADUATE CERTIFICATE COMPLETION

SCSU Student ID # _____ Date _____
Month Day Year

Name _____
First Middle Last

***Please print.** Your legal or preferred name will be printed on your certificate as it appears on your academic record. If we do not have your legal or preferred name change on file and you would like that name indicated on your certificate, please refer to the appropriate form at <https://www.stcloudstate.edu/srfs/forms.aspx> and submit all documents together.*

SCSU Email _____ Phone Number (_____) _____

I hereby apply for the review of requirement completion for the following certificate(s):

At the end of:

- Fall
- Spring
- Summer

Calendar Year

Advisor

MAILING ADDRESS:

Certificates will be mailed approximately 8 weeks after the completion date.

Please enter your DIPLOMA ADDRESS online in e-Services (<https://www.stcloudstate.edu/srfs>).

If there is a change to your diploma address, please correct it online at e-Services or come to the Office of Records and Registration in AS-118 to complete an address form specifying that the change needs to be made for mailing your certificate.

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING:

*Applications for Certificate Completion are **valid for a single term only**. Students who fail to complete the certificate in that term must contact the Office of Records and Registration to move their date of certificate completion to a future term.*

SIGNATURE _____ DATE _____