



NOTICE OF INTENT TO COMPLETE A CERTIFICATE

Semester of completion: Fall (December) Spring (May) Summer (August)

Year of completion: _____

ID #: _____ Last Name: _____ First Name: _____

Undergraduate Certificates

- Computer Information Systems
- Foundations of Business
- Foundations of Medicine
- Free Enterprise*
- Ignatian Spirituality
- Leadership and Ethics
- Logistics and Supply Chain Management
- Management and Marketing
- Professional Writing
- Social Entrepreneurship*
- Sport Management
- Supply Chain Management
- Theological Studies

Graduate Certificates

- Faith Companionship
- Ignatian Spirituality
- MBA—Leadership and Ethics
- MBA—Logistics and Supply Chain Management
- MBA—Project Management
- MLA—Leadership and Ethics
- Post-Baccalaureate Premedical Studies
- Post-Master’s Clinical Nurse Leader
- Spiritual Direction
- Studio Art

**Certificate is awarded upon the satisfactory completion of the four required courses and all requirements for the Bachelor’s Degree.*

Name as to appear on certificate : _____

(Please print)

Address for mailing certificate : _____

Street Address

City

State

Zip

Student Signature

Date

Program Director Signature

Date

Submit the completed form to the Registrar’s Office
registrar@shc.edu or
Fax: 251-460-2192