



NOTICE OF INTENT TO COMPLETE SPECIALIZED CERTIFICATE

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

Year of completion: _____

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

Certificate:

- | | |
|--|---|
| <input type="checkbox"/> MLA—Leadership and Ethics—Undergraduate
<input type="checkbox"/> MLA—Leadership and Ethics—Graduate
<input type="checkbox"/> MBA—Logistics and Supply Chain Management—Graduate
<input type="checkbox"/> Faith Companionship | <input type="checkbox"/> Post-Baccalaureate Premedical Studies
<input type="checkbox"/> Post-Master’s Clinical Nurse Leader
<input type="checkbox"/> Spiritual Direction
<input type="checkbox"/> Studio Art
<input type="checkbox"/> Theological Studies |
|--|---|

**All approved course substitutions and waivers should be submitted via the Course Substitution and Waiver Form .*

Name as to appear on certificate : _____
(Please print)

Address for mailing certificate : _____

Street Address
City
State
Zip

Student Signature

Date

Program Director Signature

Date

Please return completed form to the Registrar’s Office
 4000 Dauphin Street, Mobile, AL 36608
 Phone: 251-380-2240 | Fax: 251-460-2192 | Email: registrar@shc.edu