



NOTICE OF INTENT TO COMPLETE SPECIALIZED CERTIFICATE

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

Year of completion: _____

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

<u>Undergraduate Certificates</u>	<u>Graduate Certificates</u>
<input type="checkbox"/> Business Administration <input type="checkbox"/> Computer Information Systems <input type="checkbox"/> Logistics and Supply Chain Management <input type="checkbox"/> Management and Marketing <input type="checkbox"/> Sports Management <input type="checkbox"/> Leadership and Ethics <input type="checkbox"/> Theological Studies	<input type="checkbox"/> Faith Companionship <input type="checkbox"/> MBA—Leadership and Ethics <input type="checkbox"/> MBA—Logistics and Supply Chain Management <input type="checkbox"/> MBA—Project Management <input type="checkbox"/> MLA—Leadership and Ethics <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

**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

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