



## NOTICE OF INTENT TO COMPLETE SPECIALIZED CERTIFICATE

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

Year of completion: \_\_\_\_\_

ID #: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Undergraduate Certificates**

- Business Administration
- Computer Information Systems
- Logistics and Supply Chain Management
- Management and Marketing
- Sports Management
- Leadership and Ethics
- Theological Studies

**Graduate Certificates**

- Faith Companionship
- 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

*\*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**