



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