

Application for Post-Baccalaureate Certificate Completion

Western Illinois University
School of Graduate Studies

Date: _____

WIU ID No.: _____

(For security purposes do not enter Social Security number)

Name: _____

(Print or type your name using upper and lower case letters EXACTLY as you wish it to appear on your certificate.)

Expected completion date: ___Spring ___Summer ___Fall 20____

Please indicate program of study (Select one only)*:

- ___ African and African Diaspora World Studies
- ___ Applied Mathematics
- ___ Community Development
- ___ English
 - ___ Literary Studies
 - ___ Professional Writing
 - ___ Teaching Writing
- ___ Environmental GIS
- ___ Health Services Administration
- ___ Instructional Design and Technology:
 - ___ Distance Learning
 - ___ Educational Technology Specialist
 - ___ Graphics Application
 - ___ Multimedia
 - ___ Technology Integration in Education
 - ___ Training Development
- ___ Police Executive Administration
- ___ Public and Non-Profit Management
- ___ Women's Studies
- ___ Zoo and Aquarium Studies

Email address: _____

Current address: _____

Street

City

State

Zip

Telephone number: _____

Certificate address (certificate will be mailed 6-8 weeks after conferral):

Street

City

State

Zip

Signature: _____

Today's Date: _____

Upon completion, send this form to the School of Graduate Studies.

*If you are completion more than one certificate, please submit a new form for each.

Students - do not write below this line



Western Illinois University

School of Graduate Studies

1 University Circle

Macomb, IL USA 61455-1390

Phone: 309.298.1806; Fax: 309.298.2345

Email: Grad-Office@wiu.edu

www.wiu.edu/grad

Date certificate completed: _____

Date certificate mailed: _____

WESTERN
ILLINOIS
UNIVERSITY