Application for Post-Baccalaureate Certificate Completion

Western Illinois University
School of Graduate Studies

WIU ID No.: _____

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
- ___ Museum Studies
- ___ Police Executive Administration
- ___ Teaching English to Speakers of Other Languages (TESOL)
- ___ 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 completing more than one certificate, please submit a separate 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: _____

Reset

9-2-10