

Post-Baccalaureate Certificate Completion Application

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 post-baccalaureate certificate program (Select one only)*:

- | | |
|---|---|
| <input type="checkbox"/> Business Administration - Supply Chain Management | <input type="checkbox"/> Instruct. Design & Tech. - Online & Distance Learning Dev. |
| <input type="checkbox"/> Community Development and Planning | <input type="checkbox"/> Instruct. Design & Tech. - Tech. Integration in Ed. |
| <input type="checkbox"/> Economics - Business Analytics | <input type="checkbox"/> Instruct. Design & Tech. - Workplace Learning & Perform. |
| <input type="checkbox"/> Event Planning and Management | <input type="checkbox"/> Museum Studies |
| <input type="checkbox"/> GIS Analysis: Ecological GIS | <input type="checkbox"/> Music Performance |
| <input type="checkbox"/> GIS Analysis: GIS Applications | <input type="checkbox"/> Police Executive Administration |
| <input type="checkbox"/> Health Services Administration | <input type="checkbox"/> TESOL |
| <input type="checkbox"/> Instruct. Design & Tech. - Ed. Technology Specialist | <input type="checkbox"/> Zoo and Aquarium Studies |
| <input type="checkbox"/> Instruct. Design & Tech. - Instructional Media Dev. | |

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

Email address:

Current mailing address:

Telephone number:

Certificate address:

(Certificate will be mailed to the above address approximately 6-8 weeks after conferral)

List below the courses you are now taking and/or plan to take to complete the post-baccalaureate certificate.

Dept/Course Title Credit hours

Student's signature _____ Date: _____

Upon completion, send this form to the School of Graduate Studies by **March 10 (spring semester)**, **June 10 (summer session)** or **October 10 (fall semester)**.

Students – Do not write below this line



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4-8-15

Date certificate completed: _____

Date certificate mailed: _____