



Bethune-Cookman University

CERTIFICATE COMPLETION APPLICATION

PLEASE PRINT CLEARLY

STUDENT INFORMATION

NAME: _____ B-CU ID#: _____
(Please write your name exactly how it should appear on your certificate.)

Indicate your **Mailing Address**. University will send your certificate to this address. Certificates will be mailed after completion. **If the address is not in the continental U.S. there will be an extra charge for mailing. ANY returned certificates will be charged a re-mailing fee. If no address is indicated on this form, your certificate will be mailed to the LEGAL HOME PERMANENT ADDRESS listed with the University.**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

CERTIFICATE INFORMATION

TERM AND YEAR OF COMPLETION: FALL: 20 ____ SPRING: 20 ____ SUMMER: 20 ____

DID YOU APPLY IN THE PREVIOUS TERM? YES ____ NO ____

CERTIFICATE NAME _____

REQUIREMENTS

- A student cannot earn their certificate with an incomplete grade ("I") in ANY course or an ("D") grade in his/her course of study. All grades (including transfer grades) must be in by the posted deadline.
- A student must satisfy ALL ACADEMIC and FINANCIAL requirements before he/she can receive their certificate.

PLEASE INCLUDE A COPY OF THE VERTICAL CURRICULUM USED AS A GUIDE TO MEET REQUIREMENTS

REVERSE SIDE OF FORM TO BE COMPLETED IN CONSULTATION WITH YOUR ACADEMIC ADVISOR

COURSE REQUIREMENTS



This student is deemed eligible to complete the certificate under the vertical curriculum of the _____ catalog.
 Year _____

List ALL remaining course requirements; include courses to be transferred in, courses currently enrolled, courses to be taken, etc.

SEMESTER: () FALL () SPRING () SUMMER () CURRENT SEMESTER

Course Number	Course Title	Transient Course Y/N	G=Gen Ed Course E= Elective Course M=Major Course

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Student: _____

Date: _____

Faculty Advisor: _____

Date: _____

Department Chair: _____

Date: _____

Academic Dean: _____

Date: _____