



Application for Continuing Education Certificate

Student ID \_\_\_\_\_ Former Name (if applicable) \_\_\_\_\_

**Please print your name in UPPER CASE BLOCK LETTERS as you wish it to appear (FIRST, MIDDLE, LAST) on your Continuing Education Certificate.**

**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**Is this address the current address of record for CSM?** \_\_\_\_\_

**Phone: (daytime)** \_\_\_\_\_ **(evening)** \_\_\_\_\_

**Complete Name of Continuing Education Certificate:**

<b>Courses in Progress:</b>	<b>Completion Date:</b>
_____	_____
_____	_____
_____	_____

**Student Signature** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Registrar's office use only**

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rejected by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reason:** \_\_\_\_\_