



Office of the Registrar
Application for Certificate

Please return this application to the Registrar's Office at either campus by the appropriate deadline, by mail, fax, or in person. Make sure all the information is correct.

Student ID Number: _____		Today's Date: _____	
Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
Hm. Phone: (____) _____	Wk. Phone: (____) _____	Email: _____	
Primary Campus: ____ Chicago ____ Schaumburg ____ Other			
Expected Graduation Date: ____ May ____ September ____ December Year _____			

UNDERGRADUATE CERTIFICATE

- Biotechnology
- Chemical Science
- Child & Family Studies
- Combined BA/Paralegal/LAP
- Computer Science
- Criminal Justice leadership
- Meeting & Event Management
- Network Computing & Security
- Organizational Leadership
- Public Administration
- Relaxation: Meditation & Mindfulness Level 1
- Relaxation: Meditation & Mindfulness Level 2
- Social Justice Studies

GRADUATE CERTIFICATE

- Bilingual ESL Education
- Biotechnology
- Chemical Science
- Clinical Child & Family Studies
- Community College Teaching; FLAME
- Community College Teaching; SPARK
- Business Fraud Examination
- E-learning
- Geographic Information Systems
- Health Services Management
- Hospitality & Tourism Management-Executive
- Hospitality Educator Certificate
- Human Performance Improvement
- Information Technology & Computer Sci.
- Information Systems
- Instructional Design
- Network Computing & Security
- Non-Profit Management
- Online Teaching
- Paralegal Studies – Post Baccalaureate
- Real Estate Development
- Relaxation: Meditation & Mindfulness Level 1
- Relaxation: Meditation & Mindfulness Level 2
- Strategic Management
- Teaching of Writing
- Training & Development
- Women's & Gender Studies

Required Information

PRINT your name EXACTLY as it is to appear on your Certificate (use upper and lower case letters):

FirstMiddleLast

Address to mail Certificate if different from above:

StreetStateZip