

Application for Certificate

Registrar's Office

PO Box 244023, Taylor Center 114, Montgomery, AL 36124 **Phone:** 334-244-3125 **Fax:** 334-244-3993 **Email:** registrar@aum.edu

Complete and submit to the above address within two weeks of the end of the term in which the certificate is completed.

Student S#:	Term:	Catalog:
Name:First	Middle	 Last
the student	referenced above has conthe following certificate in ial Sciences Undergraduate) uate) ting (Undergraduate) (Undergraduate) ation (Graduate)	dicated on this form have been verified and impleted those requirements.** to the above-referenced student. College of Business Government Financial Manager (Graduate) (11CGFM-CERT) College of Education Special Education (Undergraduate) (12CERT-SE-OL) (12CERT-TSEC) Online Teaching & Learning (Graduate) (12CERT-OTLC) Technology Leadership (Graduate) (12CERT-TLCT) College of Nursing Nursing Educator (Graduate) (14CERT-NURC) Nurse Practitioner (Graduate) (14CERT-NPRC)
(16MTW-CERT)	resentative	College of Sciences Geographic Information Systems (Undergraduate) (18CERT-U-GIS) Geographic Information Systems (Graduate) (18CERT-G-GIS) Date: Date: