

Office of the Registrar

Individualized Supervised Practice Pathway / Dietetic Internship / Coordinated Program in Dietetics

Late Certificate Application

ID number_____

Date____

Name				
Address	_ City	State	eZi	ip
Home telephoneWork telephone				
Cell Phone	_ E-mail			
 Prior to award of certificate, the following requi 1. Completion of certificate requirement 2. Completion of Proficiency requirement 3. Final payment of all fees. 4. A cumulative grade point average of 2 5. Application filed 60 days prior to complete 	s. nts. 2.000 or abov	e.		
 Certificate Fee: Final payment of all fees (including graduation / certificate fee) must be received to, receive a copy of your certificate or request transcripts. <i>Certificates are conferred regardless of financial obligation</i> Students that submit a late application will be charged a graduation fee of \$75 and late fee of \$25 				
Date you expect to complete requirements for	certificate:	August	_ January	May
Name as you wish it to appear on your certificate:				
Please Print or Type				
Student's signature			_Date	
Dean's signature			Date	

IMPORTANT NOTICE: If any changes are made to the information above, the student MUST complete a new Application for Graduation.