The Graduate School
Winthrop University
211 Tillman Hall
Rock Hill, SC 29733
Phone: 803/323-2204 FAX: 803/323-2292
Email: gradschool@winthrop.edu

APPLICATION FOR COMPLETION OF GRADUATE CERTIFICATE

Please print clearly or type all information requested. Certificate orders are based on the information provided on this form. Submit completed form to gradschool@winthrop.edu.

***Application fee -** A $25 application fee will be charged to your student account. Please do not enclose payment when submitting this application.

_____ Completion Term: May _____ August_____ December _____
Student Number *Year* *Year* *Year*

Name on Winthrop record: _____
Last First Middle Suffix

Address: _____
Street City State ZIP

Telephone:_____ _____
Daytime Evening E-mail Address

Name to appear on certificate: _____
First Middle Last Suffix

_____ _____
Area of Certification Adviser

_____ _____
Student Signature Date

THE GRADUATE SCHOOL USE ONLY

SGASTDN	SHADEGR	SHADIPL	SPAIDEN
POS/SHANCRS	H REQ'D	FINAL GPA	
Course	Number	Credit Hours	Grade

Notes:

4/23