

Student ID Number or Social Security Number: \_\_\_\_\_

**Expected completion date:** \_\_\_\_\_**Name:** (print your name EXACTLY as you wish it to appear on your certificate; first, middle, last, Jr., III, etc.)\_\_\_\_\_  
FIRST MIDDLE LAST**Permanent Address**—Street and Number: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Certificate** (check one): ☐ Undergraduate ☐ Graduate**What certificate are you receiving?** \_\_\_\_\_

A separate application must be filled out for each certificate sought.

**Transfer courses:** If you plan to enroll in a course(s) at another institution, you should obtain approval in advance from the Registrar's Office. An official transcript from the transfer institution must be sent to the Registrar's Office at Fitchburg State University immediately upon completion of the course(s).

College/University: \_\_\_\_\_

Course Number and Title \_\_\_\_\_

Date course(s) end: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Registrar's Office Use Only**

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_