APPLICATION FOR PROFESSIONAL CERTIFICATE

Revised Sept. 2014 - **Salmon** Office of the Registrar 101 Montana Hall <u>Montana State U</u>niversity

Students graduating in the Spring must file this form with the Registrar's Office by December 1st of the preceding Fall Semester.

Students graduating in the Summer or Fall must file this form with the Registrar's Office by May 1st of the preceding Spring Semester.

Former students, who are graduating the semester of their return, must file this form with the Registrar's Office by the 15th semester day.

please enter your <i>Primary Deg</i>	r Secondary Degree, gree major here:		
	r <i>Primary Degree</i> , and you are <i>also</i> comp nter your <i>Secondary Degree</i> major here:		
2nd Major: must meet all departmental requirement Completion of an additional major is indicated on tre- credits, and nine additional, unique, upper-division of degree satisfies Core for all additional degrees. Additional	ranscripts; diplomas list only the primary ma credits, and must meet all departmental req	ujor. 2nd uirements fo	Degree: requires 30 additional, unique the degree. Core completion for a first
Full Legal Name (Last, First Middle):		S	tudent ID#:
Type of Degree: Certificate	Certificate of App.	ied Science	
Graduation Semester: Spring Semester	Summer Semester Fall Sem	ester 🗌	Graduation Year:
Major:	Program Code:		Catalog Year:
Mailing Address, City, State, Zip:		Pho	ne Number(s):
Secondary Degree" Plan f	emplates, I have created a "Final Sem for the program director to activate an nt initials: Date:	nd lock.	
Secondary Degree" Plan f Studen Program Director I have locked and activate Secondary Degree" Pl	for the program director to activate and initials: Date:	Semester P	rimary Degree" or "Final Semest e student will have met the
Successful completion of the student having me	the requirements, as defined within the the department's academic program		
Successful completion of the student having me <i>IF NEEDED</i>	et the department's academic program	requireme	ents.
Successful completion of the student having me IF NEEDED Any anomalies in the above		requireme egreeWork	ents. s "Final Semester Advisor Note.
Successful completion of the student having me IF NEEDED Any anomalies in the above Program Director Certifying Officer I have entered the "Final Secretified" note in Degen criteria and any addition departmental requirem	et the department's academic program ve cited approval are recorded in a D	egreeWork or the "Finalets the abover Certified	s "Final Semester Advisor Note. al Semester Secondary Degree we mentioned advisor-directed " note, the student fulfills all
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~ Registrar's Office Use Only ~			
Student Name: Student ID#:			
~ First Degree Audit ~			
1st Check: Date Reviewed: Reviewed By: SHADEGR: DC Correct Curricula Correct Minor Multiple Degrees SGASTDN: Correct Date Correct Degree Correct Minor Multiple Degrees			
Required total credits for degree: 30 Has total number of required credits? Yes No Planned Comment: Has completed major requirements? Yes No Planned Comment:			
~ Final Degree Audit ~			
Total Credits: MSU Credits: Transfer Credits: Cum GPA: Date Degree Requirements Completed: Date Additional Requirements Completed:			
Notes:			
DegreeWorks: Comment in DegreeWorks: Email to Student: Email to Dept.:			