

ROOSEVELT UNIVERSITY

Office of the Registrar Application for Certificate

Please return this application to the Registrar's Office at either campus by the appropriate deadline, by mail, fax, or in person. Make sure all the information is correct.

Student ID Number: _____	Today's Date: _____	
Name: _____ Last First Middle		
Address: _____ Street City State Zip		
Hm. Phone: (____) _____	Wk. Phone: (____) _____	Email: _____
Primary Campus: ____ Chicago ____ Schaumburg ____ Other		
Expected Graduation Date: ____ May ____ September ____ December Year _____		

Undergraduate Certificate

- ____ ABC Relaxation
- ____ Biotechnology
- ____ Chemistry
- ____ Child and Family Studies
- ____ Computer Science
- ____ Geographic Information Systems
- ____ Meeting, Convention, & Exhibition Mgt
- ____ Meeting Coordinator
- ____ Non-Profit Management
- ____ Organizational Leadership
- ____ Telecommunications
- ____ Web Technology Systems
- ____ Combined BA/Paralegal /LAP

Graduate Certificate

- ____ ABC Relaxation
- ____ Biotechnology
- ____ Chemical Science
- ____ Clinical Child and Family Studies
- ____ Business Fraud Examination
- ____ E-Learning
- ____ Geographic Information Systems
- ____ Health Services Management
- ____ Hospitality and Tourism Management- Executive
- ____ Hospitality Educator Certificate
- ____ Information Technology and Computer Science
- ____ Information Systems
- ____ Instructional Design
- ____ Nonprofit Management
- ____ Online Teaching
- ____ Paralegal Studies
- ____ Performance Consulting
- ____ Real Estate Development
- ____ Strategic Management
- ____ Stress Management
- ____ Advanced Certificate in Stress Management
- ____ Telecommunications
- ____ Training and Development
- ____ Vocal Pedagogy
- ____ Women's and Gender Studies

Required Information

PRINT your name EXACTLY as it is to appear on your Certificate (use upper and lower case letters):

First Middle Last

Address to mail Certificate if different from above:

Street State Zip