

# Application for Graduate Certificate

Office of Academic Affairs  
Graduate College  
Illinois Institute of Technology  
10 W. 35th St., Suite 7D7-1  
Chicago, IL 60616  
gradcoll@iit.edu

## G528

Please print legibly:

Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Student ID/CWID \_\_\_\_\_

**Note:** Only your full legal name at the time of conferral can be printed on the certificate. To change your full legal name, see [http://www.iit.edu/registrar/student\\_records/update\\_personal\\_info.shtml](http://www.iit.edu/registrar/student_records/update_personal_info.shtml)

**Reply Address (all correspondence regarding this application will be mailed to the following address):**

Number and street \_\_\_\_\_ Telephone number (area code first) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country (if other than United States) \_\_\_\_\_ Current U.S. Employer \_\_\_\_\_ Business Phone (area code first) \_\_\_\_\_

Department \_\_\_\_\_ Major \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

**Application for:**      **Spring**      **Summer**      **Fall**      **Year** \_\_\_\_\_

**Certificate applicable courses completed at IIT:**

Department	Course Number	Credit Hours	Semester/Year	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**An application fee will automatically be charged to the student account. Note:** If you do not complete certificate requirements by the end of the designated semester, your application will be deferred. However, you do not have to pay the application fee again.

I have read the content of this application and state that the information supplied herein is correct.

- [How to insert an electronic signature in a PDF document\(Click here\).](#)
- **Be certain to download the PDF first and save it with the details specific to you in the form name, then reopen it on Adobe reader to complete the form.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Unit Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE

Date received: \_\_\_\_\_

Fee: P      W      R

Initial: \_\_\_\_\_