University of Arkansas at Monticello
Certificate of Proficiency Graduation Application

Please Print
Name: _____ Student Id # or SSN: _____

Expected Completion: August December May June Year: _____ Catalog Year: _____

Degree: Certificate of Proficiency (check major below)

_____ Automotive Technology
_____ Child Development Associate
_____ CISCO Network Associate
_____ Crime Scene Investigation
_____ Emergency Medical Technician - Basic
_____ Emergency Medical Technician - Intermediate
_____ Law Enforcement Administration
_____ Nursing Assistant
_____ Welding
_____ Other:_____

Print your name exactly the way you want it to appear on your certificate:

_____

May we release your name and certificate to hometown media? Yes No

All certificates are mailed. Address to mail certificate: (Note: For permanent address changes, complete a Change in Student Data form.)

_____
Street City State Zip

Has a signed degree audit been submitted? Yes No Advisor's name:_____

Are you taking coursework toward this certificate at another institution? Yes No
Name of Institution: _____
Course(s) Name and Number: _____
Completion Date: _____ Is this a correspondence course? Yes No

NOTE: All official transcripts indicating grades for coursework taken at another institution must be sent directly to the Office of the Registrar, P. O. Box 3598, Monticello, AR 71656, no later than the last day of the semester at UAM in order to complete graduation that semester.

All requirements for this certificate must be completed before it is posted to the transcript or certificate issued. If the requirements are not completed during the semester listed above, three (3) additional semesters will be allowed to complete with this application, after which a new application must be submitted. The student's advisor is notified once a student is removed from the candidate file.

Do you plan to pursue another degree/certificate at UAM? Yes No If yes, list major: _____

FOR NURSING MAJORS ONLY: I will be applying for nursing licensure and grant the University permission to release my transcript and any other applicable materials to the licensing agency: ___Yes ___No

Signature: _____ Date: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

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For Registrar's Office Use Only Original: Registrar Copy to: Advisor, Student Date Stamp

_____ Candidate Date _____ by _____
_____ Student Update Date _____ by _____
_____ Degree Audit Date _____ by _____
_____ Advisor letter Date _____ by _____ revised 10/07 cd