

MOUNT ST. JOSEPH UNIVERSITY
Petition for Review of Completed Certificate Requirements

Student's Name: _____

Student ID #: _____

Advisor Name: _____

Certificate(s) for which you are petitioning a review:

Certificate 1: _____ Certificate 2: _____

I understand that my certificate will be awarded as of the next official graduation date after the completion and verification of my certificate requirements. The Mount's official certificate completion dates are the last day of the academic calendar sessions in August, December and May. I further understand that a certificate petition processing fee of \$25 will be charged to my account when this petition is received by the Registrar's Office.

I understand that all financial obligations to Mount St. Joseph University must be met before release of a certificate and/or transcript.

Student Signature: _____ Date: _____

Please PRINT OR TYPE LEGIBLY YOUR NAME FOR CERTIFICATE PRINTING.

Name: _____
Name as you wish it to appear on your Certificate(s)

Address: _____
(Street) Certificate(s) WILL BE MAILED TO THIS ADDRESS (City/State/Zip)

E-mail Address: _____ Cell Phone # _____ Home Phone# _____

Please forward this petition to your advisor for completion.

As the student's advisor, I verify that all requirements have been met for the certificate(s) indicated above:

Advisor Signature: _____ Date: _____

Please forward this petition to the Registrar's Office for certificate posting.

Registrar Office Use ONLY: Date Received: _____ Certificate Posting Date: _____ Initials: _____
--