

ROWAN UNIVERSITY

APPLICATION for COMPLETION of GRADUATE CERTIFICATE (COGS/CAGS) and CERTIFICATION PROGRAMS

In order to receive a certificate of completion, students must fill out this application and send it to: The Graduate School, Memorial Hall, Rowan University, 201 Mullica Hill Rd., Glassboro, NJ 08028-1701 or e-mail it to pasquarella@rowan.edu. The Graduate School will forward the form to the appropriate advisor for verification of program completion.

Applicant Name	_____	_____	_____	_____
	Last	First	Middle Initial	Date
Address	_____	_____	_____	_____
	Street Address	City	State	Zip
				County
Banner ID#	_____	_____	_____	_____
	Home Phone#	Day Phone#	Preferred e-mail	

NAME IN FULL AS YOU WISH IT TO APPEAR ON THE CERTIFICATE

_____	_____	_____
Last	First	Middle Initial

PLEASE CHECK THE APPROPRIATE PROGRAM:

- | | |
|---|---|
| <input type="checkbox"/> Advanced Grad. Study in
Mental Health Counseling (G211) | <input type="checkbox"/> History (G120) |
| <input type="checkbox"/> Associate Educational Media Specialist G600) | <input type="checkbox"/> Middle School Mathematics (G119) |
| <input type="checkbox"/> Computers in Education (G113) | <input type="checkbox"/> Learning Disabilities Certification (G618) |
| <input type="checkbox"/> Early Childhood Education (G804) | <input type="checkbox"/> Principal Preparation (G828) |
| <input type="checkbox"/> Elementary School Language Arts G112) | <input type="checkbox"/> Secondary Mathematics (G118) |
| <input type="checkbox"/> Elementary School Mathematics (G111) | <input type="checkbox"/> Substance Awareness Coordinator (G637) |
| <input type="checkbox"/> Endorsement for Stud. with Disabilities (G609) | <input type="checkbox"/> Supervisor's Certification (629) |
| <input type="checkbox"/> ESL/Bilingual Certification (G603) | <input type="checkbox"/> Teaching and Learning (G109) |
| <input type="checkbox"/> Foreign Language Education (G110) | <input type="checkbox"/> Theatre Practice (G117) |
| | <input type="checkbox"/> World History (G121) |
| | <input type="checkbox"/> Writing/Composition & Rhetoric (G116) |

Total Rowan Graduate Credits Earned to Date (*this program only*) _____

Course(s) in Progress:	Course No.	Course Title	S.H.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved Transfer Credits:	College/University	Course Title	S.H.
_____	_____	_____	_____
_____	_____	_____	_____

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Program Advisor Approval for Award of Certificate

_____ Upon successful completion of the coursework for the certificate or certification program in which currently matriculated, the applicant will have satisfied all the requirements for this certificate.

Special Circumstances:

_____ The applicant is not eligible for the award of this certificate.

Reason:

Program Advisor Signature: _____

Date: _____