



Office of the University Registrar
CERTIFICATE COMPLETION PROCESSING FORM
 (for CUGS, COGS, CAGS, post-bac programs)

POLICY & PROCESS SUMMARY:

Upon completion and grading of all coursework required for your certificate program, fill out this form, obtain your Program Advisor’s signature, and submit your completed form to the Office of the University Registrar. Once processed, your transcript will be updated to reflect the completed certificate. You may choose to order a printed certificate by submitting a non-refundable \$15 processing fee* with this form. **Please note: this form/process is separate from the NJ State Teacher Certification process, which is managed by the College of Education’s Office of Clinical Experiences.**

PART I: PETITIONING STUDENT INFORMATION

Last name	First name
Rowan ID	Major
Email	Phone number

PART II: CERTIFICATE PROGRAM INFORMATION

Program name
Term completed (Note: A program is not considered completed until <u>all</u> coursework is submitted AND graded.)

PART III: STUDENT SIGNATURE

STUDENTS

Via my signature below, I verify that I have completed all requirements for the program and, have obtained advisor approval to complete my program. I certify that the information supplied on this form is factually true and honestly presented to the best of my knowledge.

Student signature *date*

PART IV: PROGRAM ADVISOR’S APPROVAL & SIGNATURE

PROGRAM ADVISORS

Via my signature below, I verify that the above student has successfully completed all requirements for the program listed and is approved for certificate completion. The term of completion is: Fall Winter Spring Summer Year: _____

Advisor signature *Advisor’s printed name* *date*

PART V: PRINTED CERTIFICATE INFORMATION (if purchasing a printed certificate)

Complete this section only if you wish to purchase a printed certificate. **There is a \$15 fee for each certificate.** Please choose one option:

- I will pick up my certificate from the Office of the University Registrar.
- Please mail my certificate to the address provided.

Name as it should appear on certificate	
Street address	City, State, Zip code

Please submit this completed form, with payment (if ordering printed certificate),* to the Office of the University Registrar:

Rowan University
 Office of the University Registrar, Savitz Hall
 201 Mullica Hill Road
 Glassboro, NJ 08028

**Checks/money orders should be made out to “Rowan University” and should include student’s Rowan ID number on the front. Visit the Office of the Bursar first, if you wish to pay via a method other than check or money order.*

Should you have any questions about processing this form, please contact registrarassist@rowan.edu or call 856-256-4350.