

SIMPSON COLLEGE

APPLICATION FOR COMPLETION OF A

Pre-Baccalaureate, Post-Baccalaureate or Graduate Level

CERTIFICATE PROGRAM

This application must be completed to be eligible for completion.

A copy of your "My Progress Plan" (degree audit) is required.
Please attach it to the application and return everything to the Registrar's Office.

Please note/explain how you will complete the remaining requirements on the *Projected Schedule of Courses Yet to Complete* form.

I.D.# _____ Simpson Email: _____ Date: _____

NAME: PRINT your name as it will appear on your certificate on the line below. (Please be legible.)

CERTIFICATE I AM APPLYING FOR:

Pre-Baccalaureate Certificate in:

_____ Data Analytics _____ Computer Programming _____ Trauma & Resiliency

_____ Spanish for the Professions _____ Intermediate Spanish

Post Baccalaureate Certificate in:

_____ Accounting

Graduate Certificate in:

_____ Trauma & Resiliency

All requirements for the certificates will be completed after end of term selected: (check one specific date)

_____ Term 1 (October) 2026 _____ December/T2 2026 _____ Term 3 (March) 2027 _____ Spring/T4 2027

_____ May Term 2027 _____ Summer 1 (July) 2027 _____ Summer 2/SX (August) 2027

EMPLOYMENT INFORMATION:

Current Employer: _____

Employment Dates: _____

Check this box if you are not currently employed:

PROJECTED SCHEDULE OF COURSES YET TO COMPLETE:

Summer 20 _____

Dept	Course #	Title	Credits	What does this course fulfill?

Fall Semester/T1 & T2 20 _____

Dept	Course #	Title	Credits	What does this course fulfill?
Total number of credits you will take for fall semester:			<input type="text"/>	

Spring Semester/T3 & T4 20 _____

Dept	Course #	Title	Credits	What does this course fulfill?
Total number of credits you will take for spring semester:			<input type="text"/>	

NOTE: ATTACH A COPY OF YOUR "My Progress Plan" (DEGREE AUDIT) TO THIS APPLICATION BEFORE GIVING THE FORM TO THE DEPT CHAIR(S) TO SIGN.

Student Signature: _____ **Date** _____

Advisor Signature: _____ **Date** _____

Department Chair Signature: _____ **Date** _____

RETURN ALL FORMS TO: Registrar's Office, Hillman Hall, 701 North C Street, Indianola, IA 50125