**SIMPSON COLLEGE**

**APPLICATION FOR COMPLETION OF A POST BACCALAUREATE OR GRADUATE**

**CERTIFICATE PROGRAM**

**This application must be completed to be eligible for completion.**

**A copy of your 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:**

**Post Baccalaureate Certificate in:**

**\_\_\_\_\_\_\_Accounting \_\_\_\_\_\_\_Computer Science \_\_\_\_\_\_\_\_Data Analytics**

**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) 2024 \_\_\_\_\_\_December/T2 2024 **\_\_\_\_\_\_**Term 3 (March) 2025 \_\_\_\_\_\_Spring/T4 2025

 \_\_\_\_\_\_May Term 2025 ­ \_\_\_\_\_\_Summer 1 (July) 2025 \_\_\_\_\_\_Summer 2/SX (August) 2025

**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?** |
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|  |  |  **Total number of credits you will take for fall semester:** |  |  |
| **Spring Semester/T3 & T4 20\_\_\_\_\_\_\_** |  |  |
| **Dept** | **Course #** | **Title** | **Credits** | **What does this course fulfill?** |
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|   |   |   |   |   |
|  |  |  **Total number of credits you will take for spring semester:** |  |  |
|  |  |  |  |  |

**NOTE: ATTACH A COPY OF YOUR 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**