



**FORM MUST BE SUBMITTED  
WITH DEGREE APPLICATION**

**Graduation Term:**

Spring 20 \_\_\_\_\_  
Summer 20 \_\_\_\_\_  
Fall 20 \_\_\_\_\_

**APPLICATION FOR CERTIFICATE**

University of South Carolina Beaufort  
One University Blvd. Bluffton, SC 29909

Student ID: \_\_\_\_\_

Student **USCB** Email: \_\_\_\_\_

First Name: \_\_\_\_\_

2nd Middle Name (if applicable): \_\_\_\_\_

Middle Name: \_\_\_\_\_

Name Suffix (Jr, III, etc): \_\_\_\_\_

Last Name: \_\_\_\_\_

**Local Address:**

Street- line 1: \_\_\_\_\_

Street- line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Area Code + Phone: \_\_\_\_\_

**CERTIFICATE:** \_\_\_\_\_

**Certificates are available only to students who are concurrently enrolled in a baccalaureate degree program. The certificate and baccalaureate degree are earned simultaneously; *the certificate will be awarded along with the baccalaureate degree upon graduation.* Certificates are issued by the Department Chair and are recorded on the academic transcript.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Department Chair Signature  
(Signature of Chairperson Awarding Certificate)

**Date:** \_\_\_\_\_