



UNIVERSITY OF SOUTH CAROLINA
BEAUFORT

**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: _____