



College of Health Sciences Certificate Approval

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| FOR OFFICE USE | FOR OFFICE USE |
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INSTRUCTIONS

- A)** Print all information legibly.
- B)** This form is due to the Office of the Registrar no later than the last week of the quarter in which the requirements for the certificate are completed.
- C)** When completed, return this form to:
Office of the Registrar
600 S. Paulina St., Suite 440
Chicago, IL 60612
or
fax to (312) 942-2310

QUARTER/YEAR OF COMPLETION

Indicate **Quarter & Year** in which degree requirements will be completed:

- SUMMER (Aug)
- FALL (Dec) YEAR: **200** _____
- WINTER (March)
- SPRING (June)

INDICATE SPECIALTY

- Healthcare Ethics Spirituality and Health
- Specialist in Blood Bank

NAME FOR CERTIFICATE

PRINT name exactly as it is to be printed on certificate.
(Name only, No degree abbreviations.)

First _____

Middle _____

Last _____

RUSH STUDENT ID#

LAST Name _____

FIRST Name _____

Social Security # _____

Address _____

City _____

State _____ Zip _____

Phone (Day or message) _____

Pager _____

Off campus E-mail _____

ALL STUDENTS MUST COMPLETE MAILING INFORMATION

- #1 Send my certificate to same name and address as above.
- #2 Send my certificate to another address as indicated below.
- Address _____
- City _____
- State _____ Zip _____

REQUIRED SIGNATURES

STUDENT'S SIGNATURE & DATE:

PROGRAM DIRECTOR'S SIGNATURE & DATE:

FOR OFFICE USE ONLY

Certificate Ordering and Distribution Information

| | | |
|-----------|--------------------|--|
| Ordered: | Reordered: Why: | |
| Received: | Received: | |

- Student picked up certificate Picked up by: _____ Date: _____
- Certificate mailed: _____ Transcript updated on: _____
- Returned by Post Office: _____
Why: _____