POST MASTER'S
CERTIFICATE APPROVAL FORM

FOR OFFICE USE

DIRECTIONS

1) Student completes **Student Information** portion.
2) **Make an appointment** for "End of Program Survey." Call Vevlyn Rogers at (312) 942-3168.
3) **Circulate for authorized signatures**. Certificate will be mailed only **after** completed form is received by the Office of the Registrar and all University obligations have been met.

STUDENT INFORMATION

RUConnected ID#

LAST Name_____

FIRST Name _____

Address _____

City_____

State _____ Zip _____

Primary Phone_____

Secondary Phone_____

How should your name appear on the certificate? (no degree abbreviations):

_____

Indicate **Quarter & Year** in which you will complete certificate requirements:

☐ FALL (Dec) ☐ WINTER (March)
☐ SPRING (June) ☐ SUMMER (August) YEAR: **200** _____

_____
Student's Signature Date

Below indicate your Post Master's Specialty:

Check only ONE specialty only. If writing in specialty title please use **correct**, **approved** specialty title ONLY. (Do **not** use colloquial terms or titles)

- ☐ **ACNP** Acute Care Nurse Practitioner
- ☐ **PANP** Acute/Chronic Care Pediatric NP
- ☐ **ANP** Adult NP
- ☐ **FNP** Family NP
- ☐ **GNP** Gerontological NP
- ☐ **AGNP** Adult/Gerontological NP
- ☐ **NNP** Neonatal NP
- ☐ **PNP** Pediatric NP
- ☐ **PNPA** Psychiatric/Mental Health Adult NP
- ☐ **PNPF** Psychiatric/Mental Health Family NP
- ☐ **PHCS** Community/Public Health CNS
- ☐ **CCCS** Critical Care CNS
- ☐ **GRCS** Gerontological CNS
- ☐ **MSCS** Medical-Surgical CNS
- ☐ **PDCS** Pediatric CNS
- ☐ **PCSA** Psychiatric/Mental Health Adult CNS
- ☐ **PCSC** Psychiatric/Mental Health Child CNS
- ☐ **Other**_____

SIGNATURES **Obtain signatures in EXACT order listed.**

1 - End of Program Survey

Survey was completed on _____

_____
Authorized Signature: *Vevlyn Rogers*

2 - Advisor/Specialty Coordinator

Total Didactic hours completed _____

Quarter hours equivalent to _____ **Clock hours**.

Total Clinical Practicum Hours Completed _____

_____
Advisor's Signature Date

_____
Specialty Coordinator's Signature Date

3 - Office of the Dean

_____
Associate Dean (or authorized signature) Date

4 – Library: Library obligations checked. (All students)

_____
Authorized Signature Date

5 – Office of Financial Aid

_____
Authorized Signature Date

5 - Loan Collection Coordinator

_____
Authorized Signature Date

6 - Bursar

_____
Authorized Signature Date

7 - Registrar: ID Received? Cleared through Parking Garage?

_____
Authorized Signature Date