

**Application to Earn a Certificate  
For Students Enrolled in an Associate or Bachelor Degree**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Certificate Name: \_\_\_\_\_

Date Certificate to be Awarded: \_\_\_\_\_

I am currently an associate or bachelor degree student and would like my credits evaluated for the certificate program listed above. Please review my academic records to determine whether I have/will have met all requirements for the certificate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Submit this form to the Registrar's Office by emailing it to [Registrar@cobleskill.edu](mailto:Registrar@cobleskill.edu). You can also drop the form off at the Registrar's Office in Knapp Hall, room 100.**