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

Student Name: _____   ID #: _____

Mailing Address: _____

_____

Certificate Name: _____

Date Certificate is 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   Student Signature
(May not be signed electronically)

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If you are applying for the AAS Histotechnician Certificate or the AAS Paramedic Certificate, the program director must sign below approving the addition. Please provide this form to them for their approval prior to submission to the Registrar's Office.

_____   _____
Date   Program Director Signature
(May not be signed electronically)

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