

NOTICE OF INTENT TO COMPLETE A CERTIFICATE

Sem	ester of completion: □Fall (December)	□Spring (May) □Summer (August)
Year of completion:		
ID #:	Last Name:	First Name:
Un	dergraduate Certificates	Graduate Certificates
	Computer Information Systems	Faith Companioning
	Foundations of Business	Ignatian Spirituality
	Foundations of Medicine	MBA—Leadership and Ethics
	Free Enterprise*	MBA—Logistics and Supply Chain Management
	Ignatian Spirituality	MBA—Project Management
	Leadership and Ethics	MLA—Leadership and Ethics
	Logistics and Supply Chain Management	Post-Baccalaureate Premedical Studies
	Management and Marketing	Post-Master's Clinical Nurse Leader
	Professional Writing	Spiritual Direction
	Social Entrepreneurship*	Studio Art
	Sport Management	
	Supply Chain Management	
	Theological Studies	
*Certificate is awarded upon the satisfactory completion of the four required courses and all requirements for the Bache-		

*Certificate is awarded upon the satisfactory completion of the four required courses and all requirements for the Bachelor's Degree.

Name as to appear on certificate : ____ (Please print)

Verify your address in BadgerWeb. This is the address the certificate will be mailed to. To verify your address, log into BadgerWeb, click the icon in the upper right corner, click My profile & settings, click Contact Information, and then scroll down to Addresses. To update your permanent address, complete a Change of Address Form (available on BadgerWeb under the registrar tab. Please complete address updates to the Registrar's Office by May 31.

Student Signature

Date

Program Director Signature

Date

Submit the completed form to the Registrar's Office registrar@shc.edu *or* Fax: 251-460-2192