

Application for Completion of Post-Baccalaureate Certificate

Name: _____

Name (as you wish for it to appear on your certificate): _____

Student ID Number: _____

RU E-mail Address: _____

Telephone Number (day): _____

Local Mailing Address: _____

City: _____ State: _____ Zip: _____

Certificate to be completed: _____

Term of certificate completion: _____

If applicable, term of graduate degree completion: _____

Student Signature: _____ Date: _____

Certificate Coordinator Signature: _____ Date: _____
(Attach completed certificate check sheet)

Graduate College Signature: _____ Date: _____

**If submitted electronically, E-mail may serve as student signature.*

**Return Completed Form to Rebecca Conner
College of Graduate and Professional Studies
P.O. Box 6928, Radford, Virginia 24142
Lucas Hall - Phone: 831-6296**

CC: Becky Alls

*Dean's Office
Lucas Hall
P.O. Box 6928
Radford, VA 24142
(540) 831-5724
(540) 831-6061 FAX*

*Graduate Admissions
Lucas Hall
P.O. Box 6928
Radford, VA 24142
(540) 831-5431
(540) 831-5084 FAX*

*Southwest Virginia Higher
Education Center
P.O. Box 1987
Abingdon, VA 24212
(276) 619-4314
(276) 619-4309 FAX*

*Virginia Western
Community College
2 Floor Thomas Center
Roanoke, VA 24038
(540) 857-6123
(540) 857-6467 FAX*

*Roanoke Higher Education Center
108 N. Jefferson Street
Suite 510
Roanoke, VA 24016
(540) 767-6190
(540) 767-6199 FAX*