

## APPLICATION FOR CERTIFICATE COMPLETION

### INSTRUCTIONS:

1. Complete and sign this form.
2. Pay \$150 application fee using CASHNet. For more information, contact the Cashier's Office at (671) 735-2923 or Bursar's Office at (671) 735-2945/6.
3. Submit the completed form to the Admissions & Records Office or send it to admitme@triton.uog.edu.
4. An audit of your credits under the program will be conducted to confirm completion of the certificate program requirements.

Note: In the event you do not complete certificate requirements in the semester indicated below, you must submit a new Application for Certificate Completion form and pay the applicable \$150 fee again.

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| Full name (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | SSN/ID#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| Guam mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | Permanent home address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| Village residing in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Email                  | Phone# (s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| I expect to complete my certificate by the end of semester: <input type="radio"/> Fall 20_____ <input type="radio"/> Spring 20_____ <input type="radio"/> Summer 20_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| I hereby apply for an <u>UNDERGRADUATE</u> Certificate in: <ul style="list-style-type: none"> <li><input type="checkbox"/> CHamoru Studies</li> <li><input type="checkbox"/> CHamoru Language and Cultural Research</li> <li><input type="checkbox"/> Cybersecurity Management</li> <li><input type="checkbox"/> Ethics</li> <li><input type="checkbox"/> Health Services Administration</li> <li><input type="checkbox"/> Illustration</li> <li><input type="checkbox"/> Island Wisdom: Foundations in Micronesian Seafaring</li> <li><input type="checkbox"/> Island Wisdom: Foundations in Traditional Healing</li> <li><input type="checkbox"/> Library Science</li> <li><input type="checkbox"/> Nonprofit Management and Leadership</li> <li><input type="checkbox"/> Political Science             <ul style="list-style-type: none"> <li><input type="checkbox"/> International Relations</li> <li><input type="checkbox"/> Politics of Asia-Pacific</li> </ul> </li> <li><input type="checkbox"/> Social Work Behavioral Health</li> <li><input type="checkbox"/> Women &amp; Gender Studies</li> </ul> |                        | I hereby apply for a <u>GRADUATE</u> Certificate in: <ul style="list-style-type: none"> <li><input type="checkbox"/> Data Science</li> <li><input type="checkbox"/> Leaders in Education (INTaL)</li> <li><input type="checkbox"/> Micronesian Studies</li> <li><input type="checkbox"/> Sustainable Agriculture, Food &amp; Natural Resources (SAFNR)             <ul style="list-style-type: none"> <li><input type="checkbox"/> Aquaculture</li> <li><input type="checkbox"/> Food &amp; Technology</li> <li><input type="checkbox"/> Sustainable Tropical Agriculture &amp; Natural Resources</li> <li><input type="checkbox"/> Tropical Horticulture</li> </ul> </li> <li><input type="checkbox"/> Teaching</li> </ul> |                     |
| I wish to have my name appear on my certificate as follows: (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| Receiving your certificate: <ul style="list-style-type: none"> <li><input type="checkbox"/> I will pick up my certificate at the Admissions and Records Office</li> <li><input type="checkbox"/> Please mail my certificate to:                <input type="radio"/> My Guam Mailing Address                <input type="radio"/> My Permanent Home Address           </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| <i>Note: Additional charges apply for mail delivery. Domestic certified and foreign mail charges vary. Please contact the Admissions &amp; Records Office for current mailing fees.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| STUDENT'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
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| <b>FOR OFFICIAL USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| PAYMENT AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PAYMENT RECEIPT NUMBER | PAYMENT DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PAYMENT RECEIVED BY |
| EVALUATION REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |