

*Student Information:*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

CGU ID #254 \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone Number \_\_\_\_\_

**I am currently enrolled in or will soon complete the following certificate:**

Department : \_\_\_\_\_

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

Check one:

I plan to complete this certificate in the following semester : \_\_\_\_\_ of \_\_\_\_\_ (year)

*If completing, check all that apply to you:*

I have filed an Intent to Receive a Certificate Form for this program to the office of Admission and Records.

This will be my first completed program at CGU. **OR**  This will NOT be my first completed program at CGU.

I do not plan to complete this certificate. (I would like to leave the program above and begin a new degree program.)

**I am applying to the following program:**

Department : \_\_\_\_\_

Anticipated semester & year to begin: \_\_\_\_\_

Degree: \_\_\_\_\_

Concentration (if applicable): \_\_\_\_\_

**Institutional Financial Aid**

Student requests Fellowship Consideration     Student does NOT request Fellowship Consideration

*Department Representative: please complete this section to confirm any offer of Institutional Aid*

Student is not being offered Fellowship Aid

Student is being offered Fellowship Aid in the amount of: \_\_\_\_\_ (dep't signature)

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Academic & Administrative Approvals:*

Department \_\_\_\_\_

Student is admitted to the following program: \_\_\_\_\_ Degree \_\_\_\_\_ Concentration (if applicable) \_\_\_\_\_

To begin in: \_\_\_\_\_ Semester \_\_\_\_\_ of \_\_\_\_\_ Year \_\_\_\_\_

► **Department Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For Internal Use:*

**Admissions Office Approvals:**

all items accounted for & reflected in status

service indicators assigned

new folder label

BA Transcripts     MA Transcripts (if applicable)     GRE/GMAT  
 3 References     Statement     Resume

Signature: \_\_\_\_\_

Processed by Admissions: \_\_\_\_\_

Copy to Dept: \_\_\_\_\_

Input by data processing: \_\_\_\_\_

Student Notified: \_\_\_\_\_