



**Center for Advanced and Continuing Education
Application for Completion of Certificate**

* Please complete form and forward to the fax#/address listed below:

Student ID#: A00 Last Name: First Name:
Completion Date: Specific Certificate Completing:
Cell Phone #: Home Phone #: Daytime Phone #:
Street: City: St: ZIP:
Name (as you would like it to appear on the certificate):

Would you like to have the certificate mailed to the address listed above (if different address, please list in comments)?

- Yes
- No, I will make arrangements to pick up once available.

Comments:

** Student must be cleared of all encumbrances.

Student's Signature: Date:
Faculty/Track Advisor's Signature: Date:

CACE USE ONLY

Date form received: Date form processed:
CACE Staff Member Signature: Date Certificate Sent:

RBHS - Center for Advanced and Continuing Education

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Newark NJ 07107
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shrpregistrar@shrp.rutgers.edu

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