

## Notification of Certificate Program Completion

Instructions: This form must be completed and submitted to the certificate program's administrative contact before the end of the add/drop period of the term of your last certificate course; certificate program completions cannot be processed retroactively. The certificate cannot be granted or included in the transcript until the form is submitted and verified by the certificate program. Failure to notify the program of your certificate completion in a timely manner may result in loss of interest subsidy on any subsidized federal direct loans and/or non-compliance with Satisfactory Academic Progress due to extended length of program.

Please complete the form legibly and send it to the certificate program's administrative contact as an email attachment. Certificates will be ordered in conjunction with diplomas for degree-seeking students in the summer, spring and fall.

**Certificate Program Name** \_\_\_\_\_

**Student Name** (as it should appear on the certificate of completion)

\_\_\_\_\_

First	Middle	Last
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**Student Email** (that will be active for at least 3 months) \_\_\_\_\_

Certificates will be ordered about 1 month after the end of the term the certificate was earned. Certificate will be mailed directly from the vendor to your **Permanent Address as listed on your student record**. Please log in to SIS Self-Service (<https://isis.jhu.edu/sswf>) to review and update your Permanent Address (under Personal Information).

**For reaccreditation, the School is required to report aggregate employment information.** Please mark an X next to all applicable statements that describe you currently:

\_\_\_\_\_ Enrolled in a degree program. Name of program: \_\_\_\_\_

\_\_\_\_\_ Seeking employment                      \_\_\_\_\_ Not employed by choice

Employed (other than post-doc or resident/fellow) in a health-related area: \_\_\_\_\_ or in a non health-related area: \_\_\_\_\_.

### Notification of Certificate Program Completion

Student Name: \_\_\_\_\_

List each certificate course completed and/or currently in progress:

Course #	Course Name	Academic Year & Term	Credits	Grade	Place a check mark in a column below to indicate type of course	
					Core/required	Elective

Please explain all course waivers or substitutions (or other pertinent information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_