



FLORIDA ATLANTIC UNIVERSITY
Charles E. Schmidt College of Science

APPLICATION FOR CERTIFICATE

Name Last name First name Z number

Address Street City State Zip

Certificate name: Term to be awarded

Graduating same term?

- Actuarial Science
Biotechnology
Environmental Studies
GIS
Statistics
PreHealth Professions
Neuroscience
Advanced GIS

Signature Date

Department / College Use Only

All requirements for the certificate have been met. OR
List courses/grades needed to complete certificate: (include courses with I grade)

Table with 3 columns: Prefix/number, Title, Grade or IP. Multiple empty rows for data entry.

I have reviewed the student's records and certify that the above information is correct.

print name / department
Signature Date