

Grand Valley State University - Application for Non-Teaching Certificate

Submit to Registrar prior to the semester you intend to complete the program.

Date submitted _____

Student G#:

Contact Phone # :

Contact Email Address:

Please **print** your **legal name** on the line below. This is how it will appear on your certificate: (i.e. first, middle, last)

Permanent Mailing Address:

address:

Apt #:

city, state, zip:

Local Mailing Address:

address:

Apt #:

city, state, zip:

Circle the Semester of Completion

Fall
(December)

Winter
(April)

Spring/Summer
(August)

Year _____

Name of Certificate:

Select One:

Undergraduate:

Graduate:

Department:

Advisor:

***For teaching certificates, please go to the Michigan Department of Education's application site, Michigan On Line Education Certification System (MOECS) at <http://www.michigan.gov/moeecs>.**