THE WRITING CERTIFICATE PROGRAM
APPLICATION

Date________________

Student Name: ___________________________ Student I.D. ______

Campus Address: __________________________ Phone: ____________

Current Standing: Sophomore _____ Junior _____ Senior _____ Other ______

   Full-time Student: __________ Part-time Student: ______

Major: __________________________ Minor: ________________ Current GPA: ______

   Anticipated Graduation Date: _____/_____/_____

Advisor: __________________________ Phone Number: __________________________

AGREEMENT:

   • I have read the Writing Certificate Program guidelines and procedures and agree to comply with those standards.
   • I understand that it is incumbent upon me to meet with the Writing Certificate Program Coordinator at least twice each semester and with my English Faculty Advisor at least once a semester.
   • I understand that I must maintain a grade of “B” or better in all my course work to qualify for the certificate.
   • I understand that I am responsible for providing the Program Coordinator copies (electronic or paper) of my writing assignments at the end of each semester.

Student Signature: __________________________ Date: ______

Academic Advisor Signature: __________________________ Date: ______

English Department Chair Signature: __________________________ Date: ______

Writing Certificate Program Coordinator Signature: __________________________ Date: ______