

Request for Adult Education Certificate

Sam ID (if applicable) Last Name First Name Date

Current College: _____ Current Major _____

Major Advisor _____ Certificate Start Date _____

SHSU Email _____ Alt. Email _____

Please respond to the following:

1. How will an Adult Education Certificate enhance your current degree program and/or career goals?

Note: Upon approval of your request, you will receive an email regarding the decision along with the coursework plan from an advisor to your SHSU email account. Please feel free to contact our department if you have any questions.

Student:

- I acknowledge that I have spoken with my major advisor (if applicable).
- I acknowledge that I will complete the course requirements as required for stated certificate.
- I acknowledge that it is my responsibility to submit the Graduate Certificate Completion Form by the 12th class day of the semester that I intend to finish my coursework <https://www.shsu.edu/dept/graduate-studies/> .

Applicant's Signature Date TM

For program use only:

Decision AE Advisor Signature Date