

Overall Certificate Completion Form Instructions

(for multi-course programs)

As you are nearing completion of (or have already completed) a Professional Development Certificate Program, programs consisting of multiple sessions, this is the final step toward receiving your overall certificate.

The following guidelines apply to all Professional Development multi-course certificate programs:

- **To receive a certificate after all program requirements have been met, individuals must submit a completed Certificate Request Form, following the instructions listed on the form.**
- **After your request is received and evaluated, a notation of your certificate completion will be placed on your Continuing Education CEU Transcript.**
- **Your certificate will be emailed to the address provided on the form.**

Congratulations on earning your certificate and thank you for choosing UAH College of Professional Studies.

Please see page two for form.

Overall Certificate Completion Form
(for multi-course programs)

If you have completed all the requirements for your certificate program, please complete this form to receive your certificate. If you have any questions, please contact your coordinator at 256.824.6940.

Submit this form via:

Email: PDSolutions@uah.edu

In Person: To your class coordinator

Fax: 256.824.6760

Mail: UAH CPS Registration Office

Wilson Hall, Room 103

Huntsville, AL 35899-0650

(Please Print Legibly)

Date: _____

Name: _____

Mailing Address:* _____

City, State, Zip: _____

Phone: (Daytime) _____ (Alternate) _____

Email address: _____

Certificate Program Title: _____

Certificate courses/electives you have completed or in which you are currently enrolled:

Course Name	Year Completed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Name as you would like it to appear on your certificate:

 * Once this Completion Form has been received and your courses verified, your certificate will be processed and emailed to the address listed above.

**PROFESSIONAL
DEVELOPMENT
SOLUTIONS**

For Office Use Only:

Received: _____ Verified: _____ Certificate Issued: _____
DATE DATE SIGNATURE DATE

Submitted to CPSRO: _____ Certificate Completion Recorded: _____
DATE DATE SIGNATURE

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