



CANDIDATE FOR PROGRAM COMPLETION

HOLY NAMES UNIVERSITY, OAKLAND, CALIFORNIA

CERTIFICATE/CREDENTIAL
Social Security No. XXX - XX - _____

Expected date of program completion: May August December Year _____

CERTIFICATE:

- | | | | |
|--------------|--|--|--|
| Counseling: | <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Forensic Psychology | |
| Education: | <input type="checkbox"/> Educational Therapist | | |
| Spirituality | <input type="checkbox"/> 3-Month Sabbatical | <input type="checkbox"/> 9-Month Sabbatical | |
| Music: | <input type="checkbox"/> Piano Pedagogy | <input type="checkbox"/> Kodály Summer Institute | <input type="checkbox"/> Kodály Specialist |
| Nursing: | <input type="checkbox"/> FNP Post-Master Certificate | <input type="checkbox"/> Administration/Management Post-Master Certificate | |
| | | <input type="checkbox"/> Clinical Faculty Post-Master Certificate | |

CREDENTIAL:

- Education: Single Subject Multiple Subject Educational Specialist: Mild/Moderate Level 1
 Educational Specialist: Mild/Moderate Level 2

Student's Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

- Do you intend to participate in the Commencement Ceremonies this May? YES NO
 Are you the first person in your family to graduate from Holy Names? YES NO

Note: Certificate students who are enrolled in their last units in the Spring Semester and have a grade point average of 3.0 are eligible to participate in the ceremonies. Credential students who are enrolled in their last units in Summer Session may participate in the ceremonies.

Print your name below EXACTLY as you want it on your certificate:

FIRST NAME	MIDDLE NAME(S) OR INITIAL(S)	LAST NAME
------------	------------------------------	-----------

How do you pronounce your name? _____

Your address **PRIOR** to Commencement: Email _____ Phone () _____

STREET	CITY	STATE	ZIP
--------	------	-------	-----

Your address **AFTER** Commencement: SAME AS ABOVE Phone () _____

STREET	CITY	STATE	ZIP
--------	------	-------	-----

Note: Your certificate will be ordered once all program requirements have been completed and will be mailed to you upon clearance by the Student Accounts Office, Financial Aid Office, and Library. You should receive your certificate approximately 4 months after your program completion.

We would appreciate having information concerning your plans for the future. These statistical data regarding HNU graduates help us refine our academic programs.

1. Do you have any plans for continuing your education in the future?

- Graduate School Credential Program Professional Training No continuing education plans

2. What are your career plans in the future? _____

- Please return this form to: Holy Names University, Student Resource Center
3500 Mountain Boulevard, Oakland, CA 94619-1699
FAX: (510) 436-1199
- A one-time, non-refundable \$50.00 graduation fee will be charged to your student account upon receipt of this form.
- December Candidate Forms due **June 30**; May or August Candidate Forms due **December 1**, Late Fee of \$25.00 will apply after the deadline.