

The Graduate School
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BRADLEY
UNIVERSITY

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Application for Certificate of Completion

Complete this form if you are completing the requirements for your Certificate program. Please print legibly.

Name: _____ BU ID#: _____
Surname/Family/Last Given/First Middle

Mailing Address _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____
(Include area code) (Include area code)

Email address: _____

Certificate Programs (Circle appropriate program/degree):

Curriculum and Instruction Human Development Counseling – School Nurse Administered Anesthesia

Student Signature _____ Date _____

I will pick up my Certificate. (you will be contacted via email or by phone)

Please mail my Certificate to the following address.

Street _____

City _____ State _____ Zip _____

I authorize the following individual to pick up my Certificate

Name _____ Phone# _____

Student Signature _____ Date _____