

ADVANCED CERTIFICATE COMPLETION APPLICATION

This application is only applicable to students who are enrolled in a graduate advanced certificate program. After meeting all program requirements, complete and submit this form to the Office of the Registrar via email at: registraraudit@jjav.cunv.edu in order to receive an official advanced certificate from the New York State Education Department.

PART I	: STUDENT INFORMATION			
First Name:		Last Name:		ne:
EMPLID#:			Telephone:	
Addre	SS:			
			State:	
Maste	r's Program (if applicable): _			
	I: ADVANCED CERTIFICATE the advanced certificate p		ave compl	eted below (select one only):
	Applied Digital Forensic So	ience		Health Care Inspection and Oversight
	(CAD4SCI)	vaia		Postgraduate Certificate in Forensic Psychology
	Crime Prevention and Ana Computer Science for Digit	-		Race and Criminal Justice
Ц	(CSIBridge)	ai Porelisics		Social Entrepreneurship
	Corrections Management		П	Terrorism Studies
	Criminal Investigation			Transnational Organized Crime Studie
	Emergency Management S	tudies		Victimology Studies
	Forensic Accounting - MPA	students only		3,
Desire	ed conferral date (select o	ne only): □ Fall	□ Spring	g 🗆 Summer Year:
Which	category best describes y	ou? This section is fo	or college st	atistical purposes only.
□ Black – Non-Hispanic □ White		□ White – Non-	Hispanic	□ Hispanic/Latin American
□ American Indian/Alaskan		□ Asian/Pacific	Islander	□ Other
Stude	nt Signature (required):	Date:		
		For Office	e Use Only	
Fall	Winter	Spring	<u> </u>	Summer
Rec'd B	v.			Date Rec'd: