Salem | STATE UNIVERSITY

GRADUATE
LICENSURE ONLY AND CERTIFICATE PROGRAM
INTENT TO COMPLETE

Clearly **PRINT** your name **EXACTLY** as you wish it to appear on your certificate.

First Name _____ Middle _____ Last Name _____

ID#: _____

Telephone: _____ Email: _____

Street Address: _____ City/State/Zip: _____

☐ **Check here if this is a change of address—this is the address where we will contact you with important information.**

Please indicate in which semester and year you expect to complete ALL academic requirements for your licensure only/certificate program:

☐ Fall ☐ Spring ☐ Summer Year: _____

GRADUATE PROGRAM: _____

Student Signature: _____ **Date:** _____

Certificates and licensure only completions will be awarded in May for students completing their certificates in the spring semester, in August for students completing during the summer term, and in January for students completing in the fall semester. Please note that all applications for completion must be submitted by April 15 (spring completion), July 15 (summer completion) and November 15 (fall completion). The Licensure & Field Placement Office handles all endorsements for educational licensure. Questions about endorsements should be directed to 978-542-6472. Applications for licensure and further information can be obtained online at www.salemstate.edu/2418.php.

Return form to:

Registrar's Office
Attn: Academic Services
352 Lafayette St.
Salem, MA 01970