STUDENT INFORMATION

Financial Aid and Student Records Admissions Center Room 112 PO Box 6000 Binghamton, New York 13902-6000 Phone: 607-777-6088 Fax: 607-777-6515 Email: registrar@binghamton.edu www.registrar.binghamton.edu

10/14/20 LK

Application for Add-On Graduate Certificate Program

Use this form if you are currently enrolled in a Binghamton University graduate degree program and are interested in also enrolling in a certificate program. If you would like to apply for any other type of program, please consult the Graduate School website.

Last Name:	First Name:
B-Number: E-mail Ad	ldress:
Graduate Degree Program:	
Add-On Certificate Program:	
I certify that all information on this application is true to the best of my knowledge. It may make me ineligible for admission or subject to dismissal.	nderstand that withholding information or providing false information
I understand that, during the semester in which I plan to graduate, I must submit the Graduate Application for Degree (GAFD) for the certificate by the GAFD deadline.	
Student Signature:	Date:
CERTIFICATE PROGRAM DIRECTOR APPROVAL	
I approve the admission of this student to this certificate program.	
Certificate Program Director Signature:	Date:
Return the form via my.binghamton.edu portal at the Financia	al Aid and Student Records Document Submission link
Return the form via my.binghamton.edu portal at the Financial Aid and Student Records Document Submission link by the add/drop deadline of the semester in which you plan to graduate.	
Date processed: Initials	