

**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@jjay.cuny.edu in order to receive an official advanced certificate from the New York State Education Department.

Note: Advanced certificate recipients are not awarded at commencement.

PART I: STUDENT INFORMATION

First Name: _____ Last Name: _____

EMPLID#: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Master's Program (if applicable): _____

PART II: ADVANCED CERTIFICATE INFORMATION

Check the advanced certificate program that you have completed below (select one only):

- | | |
|---|--|
| ☐ Applied Digital Forensic Science (CAD4SCI) | ☐ Health Care Inspection and Oversight |
| ☐ Crime Prevention and Analysis | ☐ Postgraduate Certificate in Forensic Psychology |
| ☐ Computer Science for Digital Forensics (CSIBridge) | ☐ Race and Criminal Justice |
| ☐ Corrections Management | ☐ Social Entrepreneurship |
| ☐ Criminal Investigation | ☐ Terrorism Studies |
| ☐ Emergency Management Studies | ☐ Transnational Organized Crime Studies |
| ☐ Forensic Accounting - MPA students only | ☐ Victimology Studies |

Desired conferral date (select one only): ☐ Fall ☐ Spring ☐ Summer Year: _____

Which category best describes you? *This section is for college statistical purposes only.*

- | | | |
|--|---|--|
| ☐ Black – Non-Hispanic | ☐ White – Non-Hispanic | ☐ Hispanic/Latin American |
| ☐ American Indian/Alaskan | ☐ Asian/Pacific Islander | ☐ Other |

Student Signature (required): _____ **Date:** _____

For Office Use Only

Fall _____ Winter _____ Spring _____ Summer _____

Rec'd By: _____

Date Rec'd: _____