

**CERTIFICATION STUDENT (POST-BACCALAUREATE or POST-MASTER)
INTENT TO ATTEND CEREMONY**

Please complete this form, obtain adviser and certification office signatures, and return it to the College of Graduate Studies on or before the date indicated on the graduate calendar for "graduation applications" in the term you plan to complete your teacher certification. The deadline is generally within the first few weeks of the term for fall and spring or the first week for summer terms.

This information will be used to produce the commencement program; the form, therefore, must be completed **fully** and **accurately**. For ceremony details visit, www.millersville.edu/commencement.

Print your name exactly as you wish it to appear in the commencement program:

Student ID No. _____

Current Mailing Address (this will be used to send commencement information):

Street

City/State

Zip

Phone No.

E-mail Address (this will be used to send commencement information)

Completion of Certification (Actual or Expected)

(check one)

YEAR: 20_____

Spring (May)

Summer I

Fall (December)

Summer II

Summer III

Area of Certification Sought:

(e.g. Elementary Education, Social Studies, English, etc.)

**Certification requirements in progress/pending
(including courses, student teaching, exams, etc.):**

By signing this form I am indicating my plans to attend the commencement ceremony for which I am eligible (May following the term in which I complete my program requirements).

I understand that this form is an indicator for the Millersville University College of Graduate and Professional Studies ceremony only and I must complete all program requirements and paperwork with the certification office for my certification to be sent to and processed by the PA Department of Education.

Signature of Student _____ Date _____

Signature of Adviser _____ Date _____

Signature of Certification Office _____ Date _____

Graduate Studies Use Only

ENTERED INTO CEREMONY ROSTER: _____ Date: _____