

Regis University Certificate Application

Regis ID	Last Name	First Name
_____	_____	_____
Phone Number	Regis E-Mail	
_____	_____	
Certificate Program (ex. Health Care Education)	College or School (ex. Anderson College of Business)	
_____	_____	

Permanent Address

Street Address	City	State	Zip Code
_____	_____	_____	_____
Country			

Certificate Information

I will complete certificate in (please circle):

Spring Fall Summer

Year of Completion: _____

Signature

Please allow 3-4 weeks for processing. Your final transcript and certificate will not be released until all financial obligations to Regis University are paid in full. Note: Your name printed on your certificate is reflected of your legal name on record.

Signature	Date
_____	_____

*** Please e-mail completed form to registrar@regis.edu**