Curry College
Division of Continuing and Graduate Studies
Certificate Completion Form

Please read carefully and answer all questions on this form, or we may not be able to process your request. You must submit this form in order for us to verify completion of your Certificate.

Mail or fax this form to the address at the bottom of the form when you are actually enrolled and know you will finish the last class required for your certificate.

Certificate Completion Forms are reviewed once per term after grades have been posted. Please allow approximately 6 weeks after the end of the term for processing.

Note—please print clearly and provide your name as you would like it to appear on the certificate:

_____
First Name MI Last Name

_____
Street Apt. City State Zip Code

_____
Day Telephone Evening Telephone E-mail Address

Social Security # _____ Curry ID _____

Date of Birth_____ Former/Maiden Name_____ Male ☐ Female ☐

☐ I am currently taking my final class(es)
OR
☐ I have already completed all of the required coursework in the following certificate:

☐ Accounting *(ACT)*
☐ Corporate and Business Communication *(CBCT)*
☐ Criminal Justice Management *(CJCT)*
☐ Graphic Design *(GDCT)*
☐ Homeland Defense *(HDCT)*
☐ Human Resource Management *(HRCT)*
☐ Management *(MGCT)*
☐ Residential Property Management *(RPCT)*

Please return this form to a Continuing and Graduate Studies Office

Milton Campus
1071 Blue Hill Avenue
Milton, MA 02186
Fax: (617) 979-3535

Plymouth Campus
20 North Park Avenue
Plymouth, MA 02360
Fax: (508) 746-2531

For office use only: cleared (date) _____ by (name)_____

certificate completion form rev. 1-10