

Office of the University Registrar 72 Fifth Avenue New York, NY 10011 Tel 212.229.5620 Fax 212.229.5648

## **PETITION FOR CERTIFICATE**

**Students are responsible for submitting completed form to the Office of the University Registrar.**

**Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
(Print name **exactly** as you would like it to appear on your certificate.)

**SSN #:** \_\_\_\_\_

**Address where certificate should be mailed:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST TERM OF ENROLLMENT: \_\_\_\_\_ TERM OF COMPLETION: \_\_\_\_\_

**Please check appropriate certificate program(s):**

***The New School for Public Engagement – Non-Credit Certificates***

- Creative Arts Therapies
- Film Production
- Screenwriting
- Teaching English Language
- Other \_\_\_\_\_

***The New School for Public Engagement – Graduate Certificates***

- Documentary Media Studies
- Media Management
- Other \_\_\_\_\_

***The Milano School for International Affairs, Management and Urban Policy***

- Organizational Development
- Sustainability Strategies
- Leadership and Change
- Other \_\_\_\_\_

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**For Department Use Only: (To be completed by Department Chair or Director)**

Certificate Requirements Completed  Certificate Requirements Not Completed

Term: \_\_\_\_\_

Chair/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Registrar's Office Use Only:**

- Sent for evaluation: \_\_\_\_\_
- Certificate Conferred: \_\_\_\_\_
- Certificate Mailed: \_\_\_\_\_

White & Yellow - Registrar/Pink - Department