SCHOOL OF PSYCHOLOGY
CERTIFICATE APPLICATION

1. This form should be turned in to the psychology office two weeks before the last day of class during your last semester at Tech. Please do NOT turn it in before your last semester.
2. Please fill out the form ENTIRELY before turning it in.
3. Please print.

Your Name: _____

Your Student Number: _____

Your Georgia Tech P.O. Box No. _____

Are you graduating under quarter or semester requirements? (please circle one)   quarter   semester

What year and semester (Fall, Spring, Summer) are you graduating? _____

Your Permanent Home Address: _____

(Certificate will be mailed to this address   _____

6 to 8 weeks after graduation.)   _____

_____

Your Major _____

Your Overall GPA: _____

Area of Certificate (I/O, engineering, etc) : _____

COURSES COMPLETED:

A grade of "C" or better is required in **every psychology** course that is to be counted towards a psychology certificate.

Course # (e.g., Psyc 2220)	No. of Credit Hours	What year and semester/quarter did you take this class?	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR OFFICE USE ONLY: DATE CERTIFICATE MAILED _____