



**Attn: DIPLOMA COORDINATOR**  
 521 Wall Street  
 Seattle, WA 98121  
 206-239-4520 Fax 206-239-4530  
 graduation@cityu.edu

## CERTIFICATE AUDIT APPLICATION

**Student Name:** \_\_\_\_\_ **CityU Student ID No.:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Academic Program (Certificate):** *(Check Only One)*  
 Undergraduate                       Graduate

**Earning a degree?**  
**Please use a Degree Audit Application.**

**Academic Plan (Major or Emphasis):** *(Required)* \_\_\_\_\_

**Academic Graduation:** (Check the TERM your program requirements will be or were completed and indicate the YEAR.)

Summer (September 30<sup>th</sup>)  Fall (December 31<sup>st</sup>)  Winter (March 31<sup>st</sup>) or  Spring (June 30<sup>th</sup>) in the year \_\_\_\_\_

**Name on Your Certificate:**

Please PRINT your name below, NEATLY and EXACTLY as you would like it to appear on your certificate.  
 DIACRITICAL MARKS must be very clear.  
 Names significantly different from the LEGAL NAME on record may require documentation and **Change of Name** form.

**Certificate to be Mailed to You at:**

Address			Contact
Address		City, State	Phone
City,	Zip/Postal		
State	Code	Cntry	

**Certificate Audit and Other Charges:**

- |   |           |                          |
|---|-----------|--------------------------|
| <input checked="" type="checkbox"/> Certificate Audit | No Charge | First Class Mail is free |
| <input type="checkbox"/> Domestic Express Mail        | \$15.00   |                          |
| <input type="checkbox"/> International Express Mail   | \$25.00   |                          |

**TOTAL for all requested services:** \$ \_\_\_\_\_

**X**

\_\_\_\_\_  
**SIGNATURE OF STUDENT** *(Required in accordance with the Family Educational Rights and Privacy Act of 1974)* **Date**

.....

**Payment Information:** (Attach your check or money order to this application OR write in your credit or debit card information below.)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**X**

\_\_\_\_\_  
**SIGNATURE OF CARDHOLDER** **Date**