



Certificate Request Form

Certificate in:

- | | |
|--|--|
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> International Migration Studies |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Leadership Coaching |
| <input type="checkbox"/> Corporate Executive Leadership | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Digital Media Management | <input type="checkbox"/> Organizational Consulting and Change Leadership |
| <input type="checkbox"/> Diversity Strategy | <input type="checkbox"/> Paralegal Studies |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Strategy and Performance Management |
| <input type="checkbox"/> Franchise Management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government Executive Leadership | |
| <input type="checkbox"/> International Business Management | |

Instructions

- Log into the [MY SCS Non-Credit Student Portal](#) with your NetID and password to review your course information.
- Complete all required information
- Submit this form:
 - **By Email** to ccpe@georgetown.edu
 - **By Fax** to 703-812-9324
 - **In person** at the front desk, 3101 Wilson Blvd., Suite 200, Arlington, VA 22201
- Certificate will be mailed to the address indicated 4 – 6 weeks after submission of this form and confirmation of your grades and zero balance.

Print your name **EXACTLY** as you would like it to appear on your certificate:

 First Name Middle Name Last/Family Name

Completion Date: _____ **NetID:** _____
 Date of your last class

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing Address City, State, Zip: _____

Phone Number: _____ **Email Address:** _____

This is a new address; please update my address/phone number.

Certificate in Financial Planning Students Only - Last four digits of Social Security Number _____
 This information is required to report your name to the CFP Board.

- Yes, I understand that a Certificate Request Form must be submitted in order for a certificate to be issued.
- Yes, I confirm that I have completed all courses required for my certificate and have received passing grades.
- Yes, I confirm that I have no outstanding balance. Contact ccpestudentaccounts@georgetown.edu with questions.
- Yes, I understand that my certificate will not be issued until all grades have been confirmed and I have a zero balance.
- Please issue a replacement certificate.** I confirm that I have lost or misplaced my certificate. \$35.00 payment required. Submit a [Credit Card Authorization Form](#).

Internal Georgetown University CCPE Use Only

Student GUID _____ Completion Date _____

- Financial Audit _____ (initials) Date: _____
- Degree Audit _____ (initials) Date: _____
- Quality Control _____ (initials) Date: _____

Notes: