



Attn: DIPLOMA COORDINATOR

521 Wall Street, Suite 100
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 30th) Fall (December 31st) Winter (March 31st) or Spring (June 30th) 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		
Address		Contact Phone
City, State	Zip/Postal Code	Country

Certificate Audit and Other Charges:

Certificate Audit **No Charge** First Class Mail is free
Express Mail Domestic \$ 20 International (**Vender Cost + \$3.00 for processing.** Please call to confirm availability and approximate cost.)

TOTAL for all requested services: \$ _____

X
SIGNATURE OF STUDENT (Required in accordance with the Family Educational Rights and Privacy Act of 1974) _____ Date _____
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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