



Application for Completion of Additional Work, Certificate, or Education Licensure-Only Program

Please print the following:

Learner ID #: _____

Name*: _____

**for learners completing a certificate(s), please print name exactly as you wish on certificate*

Additional work toward degree (check appropriate major):

- | | |
|----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Operations Management |
| <input type="checkbox"/> Business Quality Management | <input type="checkbox"/> Information Systems Management |
| <input type="checkbox"/> Computer Operations Technology | <input type="checkbox"/> Pastoral Studies |
| <input type="checkbox"/> Computer Programming Technology | <input type="checkbox"/> Security Management |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Strategic Leadership |
| <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Youth Ministry |

Certificate (Undergraduate-level):

- | | |
|------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Change Leadership | <input type="checkbox"/> Lean Six Sigma |
| <input type="checkbox"/> Cyber Crime Investigation | <input type="checkbox"/> Microsoft Office Essentials |
| <input type="checkbox"/> Enterprise Quality Management | <input type="checkbox"/> Ministry Leadership |
| <input type="checkbox"/> Essentials of Human Resource Management | <input type="checkbox"/> Operational Leadership |
| <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Organizational Communication |

Certificate (Graduate-level):

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Executive Leadership |
| <input type="checkbox"/> Emergency Planning | <input type="checkbox"/> Executive Quality Management |
| <input type="checkbox"/> Enterprise Risk Management | <input type="checkbox"/> Rural Healthcare Administration |
| <input type="checkbox"/> Executive Accounting | <input type="checkbox"/> Youth Ministry for the Lay Leader |

Education Licensure-Only Program (non-majors only):

***noted subjects offered by SC also are part of a specific major/degree program; learners pursuing such a degree program must instead submit an Application for Degree by the appropriate published deadline.*

- | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> American History, World History, & Political Science Secondary Licensure | <input type="checkbox"/> English Secondary Education Licensure** |
| <input type="checkbox"/> Biology Secondary Licensure | <input type="checkbox"/> Mathematics-Middle Level Licensure** |
| <input type="checkbox"/> Business Secondary Licensure | <input type="checkbox"/> Mathematics-Secondary Licensure |
| <input type="checkbox"/> Chemistry Secondary Licensure | <input type="checkbox"/> Music Education Secondary Licensure** |
| <input type="checkbox"/> Early Childhood Education Licensure** | <input type="checkbox"/> Physical Education Secondary Licensure** |
| <input type="checkbox"/> Elementary Education Licensure** | <input type="checkbox"/> Speech and Theatre Secondary Licensure** |

I have reviewed my progress with my academic success coach and to the best of my knowledge have fulfilled all requirements for the above major(s) as additional work toward a degree I have earned at Southwestern College, or the designated certificate or education licensure program.

Signature: _____ Date: _____

Notation of transcript: The completion date of the additional work, certificate, or licensure program noted on the learner's transcript will be the end of the month the application is received by the Office of the Registrar, provided all program requirements have been met satisfactorily.

Receipt of certificate: Certificates will be mailed within 4-6 weeks of application to the home address on file in [Self Service](#), provided all program requirements have been met satisfactorily.

Mail, fax, or email scanned form to: Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6384; registrar@sckans.edu