

APPLICATION for CCE CERTIFICATE

STUDENT INFORMATION:

Student Name: _____ Student ID#: _____

Student Email: _____ Phone: _____

- Certificate Program: ☐ Eating Disorders Certificate ☐ Ecopsychology Certificate
- ☐ Oregon Writing Program Certificate ☐ Special Student Certificate
- ☐ Teacher Leadership for Equity and Social Justice Certificate (choose one below):
- ☐ Instructional Leadership
 - ☐ Reading
 - ☐ Special Needs Populations
 - ☐ Writing
 - ☐ English for Speakers of Other Languages

Term certificate will be completed: _____ Final course taken: _____

Name as you would like it to appear on the certificate (please use upper and lower case letters and print clearly):

Student Signature Date

APPROVALS:

Award of this certificate is approved:

Director of Certificate Program Date

Director of the Center for Community Engagement Date

FOR OFFICE USE ONLY: