

GRADUATE LICENSURE ONLY AND CERTIFICATE PROGRAM INTENT TO COMPLETE

Clearly PRINT your name EXACTLY as you wish it to appear on your certificate.		
First Name	Middle	Last Name
ID#:	_	
Telephone:	_ Email:	
Street Address:		City/State/Zip:
Check here if this is a change of address—this is the address where we will contact you with important information. Please indicate in which semester and year you expect to complete ALL academic requirements for your		
licensure only/certificate program:	•	
☐ Fall ☐ Spring ☐ Summe	er Year:	
GRADUATE PROGRAM:		
Student Signature:		Date:

Certificates and licensure only completions will be awarded in May for students completing their certificates in the spring semester, in August for students completing during the summer term, and in January for students completing in the fall semester. Please note that all applications for completion must be submitted by April 15 (spring completion), July 15 (summer completion) and November 15 (fall completion). The Licensure & Field Placement Office handles all endorsements for educational licensure. Questions about endorsements should be directed to 978-542-6472. Applications for licensure and further information can be obtained online at www.salemstate.edu/academics/2418.php.

Return form to:

Student Navigation Center Attn: Academic Services 352 Lafayette St. Salem, MA 01970