

Certificate Program Enrollment Request & Agreement

Name of Certificate Program: _____ Term of enrollment (i.e. Fall 2016): _____

Last Name: _____ First Name: _____ M.I. : _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work: (_____) _____ Mobile: (_____) _____

Email: _____ Birth Date (mm/dd/yy): _____

I have requested enrollment in the Columbus State University Continuing Education Certificate Program listed above. I understand and acknowledge that my enrollment in and successful completion of this program is contingent on my compliance with the following guidelines:

- I am expected to arrive on-time for and stay the duration of each class meeting.
- In accordance with the University System of Georgia Board of Regents' policy for awarding Continuing Education Units (CEUs), I must attend at least 80% of scheduled class meetings to earn credit for each course required in the curriculum. Only students meeting this requirement can be awarded credit.
- Make-up work opportunities for missed days or assignments are offered at the instructor's discretion only. It is considered a courtesy to the student and is not a guaranteed right. This means I may have to retake a course to satisfy Certificate requirements if I cannot meet them as originally scheduled.
- Use of cell phones or other communication devices is not permitted during class. This includes phone calls, texting, instant messaging, web surfing, and other activities that may be distracting to me and/or other students. If the instructor determines that I am becoming a distraction to my classmates, I may be asked to leave class and will not receive credit for that day.
- Food and drink are only permitted in the classroom at the instructor's discretion.
- Children, spouses or other individuals not enrolled in the current class will not be permitted to accompany me in the classroom. Such individuals may not be left unattended in the building while I am in class.
- I will be required to complete readings and homework assignments outside of scheduled class meetings. I may also be required to complete readings and/or assignments within a short period of time.
- Satisfactory achievement of learning objectives is determined by the instructor. It is my responsibility to obtain the instructors' initials on the Application for Certificate following successful completion of a course.
- I acknowledge that if I do not meet the minimum requirements for satisfactory achievement of learning objectives and/or attendance policy, this course will not be applicable towards successful completion of the Certificate Program. I will need to re-take the course in question at my own expense and satisfactorily meet all learning objectives and attendance requirements in order to apply the course towards successful completion of my desired Certificate Program.

By signing below and returning this agreement, I confirm my request for enrollment in the Certificate Program identified above. I also agree to conduct myself as a responsible student and will abide by the guidelines outlined.

FOR INTERNAL USE ONLY

Received on: _____

Received by: _____

Student copy provided: _____

Student Signature

Date