

Colorado State University - Pueblo **Certificate Conferral Contract**



- Conferral contracts for Fall semesters are due by November 30th, Spring semesters due April 15th, and Summer semesters due July 31st. Late contracts will be accepted in the Registrar's office up until one week after the end of term. A \$25.00 late fee will be assessed.
- This contract should be completed by the certificate advisor(s), department chair(s), and the student after a thorough review of the student's transcripts and DARS audit has been completed. A copy of a "green" DARS audit must be attached when the contract is filed with the Registrar's Office.
- This contract should only be submitted after all electronic petitions, waivers, and exceptions pertaining to the student's certificate requirements have been filed, received, and processed by the Registrar's Office.
- Documentation of resolved deficiencies must be received in the Registrar's Office no later than the fourth week after the semester has ended.
- All accounts with CSU-Pueblo must be settled before the certificate or official transcript will be issued.



CERTIFICATE ADDRESS

Print address LEGIBLY where you would like your certificate sent. Name will appear on certificate as it is on file. No exceptions. ** Preferred Phone: _____ Email: ____ ____ State: _____ ZIP: ____ City: **CERTIFICATE INTENT Official Catalog Year Listed in AIS: _____ Planned semester and year for certificate completion:

Spring _____

Summer ____

Fall _____ Circle all Certificate(s) to be awarded: Estimating & NSA-CAE Advanced Construction Homeland Recreation Six Sigma Planning Undergraduate: Cyber Security Construction Sustainability Manager Construction Security Leadership Green Belt Manager Defense Manager Railroad English Nurse Educator Post Bachelors: Engineering Nursing Psychiatric NP Nursing Adult/ Nursing Adult Nursi Mental Health Post Masters: Gerontology Gerontology Acute Family ng Acute Care NP Educator Care NP

For Registrar's Office Use Only –	Date Contract Entered into AIS:	Entered By:	
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POTENTIAL CERTIFICATE REQUIREMENT DEFICIENCIES

For each deficiency noted on the DARS audit that cannot be resolved by filing a petition, waiver, or exception with the Registrar's Office using the separate electronic exception form, please document the manner in which the certificate requirement will be met .

	Requirement not completed	How requirement will be met	How Registrar's Office will be notified		
REQUIRED SIGNATURES					
1 st	Certificate Advisor (Type Name and Date)				
2 nd	Certificate Advisor (Type Name and Date)				
Dep	partment Chair or Dean (Type Name and Date)				
I understand that if all certificate requirements are NOT completed my certificate(s) will NOT be awarded. I also understand that if my certificates(s) are not awarded within the semester listed on the first page of this contract, I will be required to submit a new contract for my updated intended certificate completion term.					
	I, as a student of Colorado State University – Pueblo, understand it is ultimately my responsibility for understanding and following the policies and requirements for the certificate as outlined in the official publication of the University Catalog.				
		Student T	yped Name Date		