



Institutional Certificate Application

Which certificate are you applying for:

Clinical Exercise Science PreAllied Health Sport Performance Wellness/Health Promotion

Student Name (as you would like it to appear on the certificate):

T#: _____

Mailing Address: _____

Please list the required classes for the certificate and the semester they were completed.

Course: _____ Semester completed: _____

Course: _____ Semester completed: _____

Course: _____ Semester completed: _____

Course: _____ Semester completed: _____

Course: _____ Semester completed: _____

Course: _____ Semester completed: _____

**Note: The coursework leads to an Institutional Certificated issued by SUU. While it may be a valuable credential to include on a resume and demonstrates specialized knowledge or skills, it does not appear on an official transcript, nor is it nationally recognized by accrediting bodies or external organizations.*

Please return this application to Suzanne Affleck, KOR Administrative Assistant via email at suzanneaffleck@suu.edu or drop it o at the KOR Faculty offices (PEB 217). Once the completed courses are verified, we will mail you the certificate.