



# Post Baccalaureate/Advanced Certificate Application

Office of the Registrar  
130 Netzer Administration Building  
Oneonta, New York 13820  
Phone: (607) 436-2531

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Student I.D. Number

Post Baccalaureate

Advanced Certificate Program

Student Name:

\_\_\_\_\_

First

Middle

Last

Mailing Address:

\_\_\_\_\_

Street Address & Apartment Number or P.O. Box

\_\_\_\_\_

City

State

Zip

Expected Completion:  Summer  Fall  Spring Year: \_\_\_\_\_

Post Baccalaureate Major:  Biology  Chemistry  Family Consumer Science  Mathematics

Advanced Certificate Program:  Bilingual Education

Are you applying for Teacher Certification?  Yes  No

If yes, are you applying for:  Initial Certification  Professional Certification

Return Application to:  
Application Fee: **\$5.00**

Degree Clearance, SUNY Oneonta  
130 Netzer Administration Building  
Oneonta, NY 13820  
Fax Option: (607) 436-2164  
Email Option: [Graduation@oneonta.edu](mailto:Graduation@oneonta.edu)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Your signature indicates permission to charge the \$5.00 fee to your student bill)

**Office Use Only** Precheck # \_\_\_\_\_ Date Received: \_\_\_\_\_ Payment Processed \_\_\_\_\_ Initials: \_\_\_\_\_

Child Abuse Recognition Workshop:  Yes  No Violence Prevention Seminar:  Yes  No

TEACH Release:  Yes  No DASA:  Yes  No

Tentative Clearance: \_\_\_\_\_ Tentative Problem: \_\_\_\_\_ Final Clearance: \_\_\_\_\_ Denial: \_\_\_\_\_

Certificate Letter Mailed: \_\_\_\_\_ Hold: \_\_\_\_\_ Hold Letter Mailed: \_\_\_\_\_

Comments: \_\_\_\_\_

Initials: \_\_\_\_\_