

***COMPLETION FORM***  
**Certificate Programs**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Print name exactly as it should appear on the certificate.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ UC ID: \_\_\_\_\_

- Addictions Studies Certificate
- Child Abuse Recognition Certificate
- Deaf Studies Certificate
- Domestic Violence Counseling Certificate
- Paralegal Certificate

YEAR AND QUARTER  
CERTIFICATE COMPLETED:

\_\_\_\_\_

Advisor's approval: \_\_\_\_\_

Administrative approval: \_\_\_\_\_

**Return form to:**

Student Services Center  
College of Education, Criminal  
Justice, & Human Services  
1110 One Edwards Center  
University of Cincinnati  
PO Box 210014  
Cincinnati, OH 45221-0014