

For Office Use Only

Received: _____

PMT TYPE _____

Application for Centenary University Certificate

The certificate application fee is **\$50.00** and is due at the time of application.



ANY INFORMATION LEFT BLANK MAY DELAY PROCESSING OF THIS APPLICATION.

Student ID#: _____ Completion Month: _____ Completion Year: _____

Name: _____

Please print your name exactly as it appears in your university records. This form **does not** act as a name or address change form.

Home Address and Contact Info: *(Certificate will be mailed here)*

Home Address _____
Street City State Zip

Cell# _____ Home# _____

Please note: This application is for students who are receiving a certificate from Centenary University. Certificate students do not participate in the Commencement ceremony.

Certificate (check one):

SMMC (Social Media Marketing Certificate)

Accounting Certificate

LDRSHP (Leadership Certificate)

CFP (Certified Financial Planning)

Sustainable Practices Certificate

FIN (Finance Certificate)

HLTH ADMIN (Health Administration Certificate)

Data Analytics

MKTNG (Marketing Certificate)

Advisor Signature (required): _____

Your Signature (required) _____

To pay by check: Make check payable to: *Centenary University*

****To pay by credit card:** Provide the following information:

Name on the card: _____

I authorize the charging of my credit card in the amount of: \$ _____, *plus, effective 01/01/2026 a 3% domestic 4.25% service fee. International credit and debit card fee. Fee subject to change without notice.*

Cardholder's Signature: _____

Credit card number: _____ ☐ Visa ☐ MC ☐ DISC CV code: _____ (3 digit)

Expiration date: _____ Billing zip code for above card: _____

Mail this **completed** application with payment to:

Centenary University, Registrar's Office, 400 Jefferson Street, Hackettstown, NJ 07840