APPLICATION TO ADD OR CHANGE A CERTIFICATE - CHICAGO CAMPUS

NON-PSYD STUDENTS ONLY

PLEASE DO NOT PRINT THIS FORM! PLEASE ROUTE VIA E-MAIL FOR SIGNATURES.

Student Last Name	Student First Name		Student ID
Current			
Programs and			
Certificates			
(please list all)			
	IMPORTANTI	NEORMATION	

- PsyD students are not eligible to add certificate programs.
- This form cannot be used to withdraw from the University. If you wish to withdraw from Adler University, please return to the Registrar page on Adler Connect and download the
- 3. If you are dropping a certificate, you must still be enrolled in another degree program.
- Students cannot add Doctoral programs with this form. Students seeking to enroll in any Doctoral program must apply through Admissions.
- If there are classes that apply to both programs (based on the official degree requirements of each program), your degree audit will automatically populate with those courses additional courses to apply, you will need to connect directly with the Certificate Coordinator. If approved the Certificate Coordinator needs to sign off on the attached "Course Trar
- All students must attach a copy of their unofficial transcript from Self-Service for your new or current Program Chair/Program Director/Certificate Coordinator to review.

ALL PAGES OF THIS APPLICATION MUST BE RETURNED

INSTRUCTIONS:

- 1. Look for your desired program and place an "X" in the appropriate box to either ADD or DROP.
- Provide an ANTICIPATED completion term. Completion terms are either Fall, Spring, or Summer plus the year (example: Summer 2025).
- 3. If you are adding, please remember to indicate which catalog's requirement you are required to follow. Your degree audit will reflect the requirements from the catalog year inc form. Your application will be returned if this information is not included.
- After obtaining ALL required signatures, return this form to the Office of the Registrar, via e-mail, at registrar@adler.edu. This form is accepted via e-mail only. Forms that are faxed will not be processed.
- Forms are due to the Office of the Registrar no later than the first Friday of the term. Forms received after this date will be effective the subsequent term and may impact you for courses in your new program. Forms submitted after the first Friday of the term and during registration may take longer to process. Incomplete forms will be returned.

ADD (PLACE AN "X" in the BOX)	DROP (PLACE AN "X" in the BOX)	CERTIFICATE OPTIONS	Anticipated Term and Year of Completion (FOR PROGRAM BEING ADDED) (Example: Summer 2025)	Which Academ Catalog Degree I the Student Req (FOR PROGRAM (EXAMPLES: 2014 *APPLICATI(RETURNED IF BLA
		Certificate in Substance Abuse Counseling		

THIS PAGE MUST BE RETURNED AND FILED WITH THE APPLICATION

Gainful Employment Disclosures - 2019

Program Name Graduate Certificate in Substance Abuse Counseling

This program is designed to be completed in 104 weeks.

This program will cost \$23,300 (plus an estimated \$800 for books and supplies) if completed within normal time. There may be additional costs for living expenses. TI accurate at the time of posting, but may have changed.

Of the students who completed this program within normal time, the typical graduate leaves with \$15,670 of debt.

Program meets licensure requirements in the following States: Illinois

Program does not meet licensure requirements in the following States: Indiana

For more information about graduation rates, loan repayment rates, and post-enrollment earnings about this institution and other postsecondary institutions please c https://collegescorecard.ed.gov/

COURSE TRANSFER FORM

IMPORTANT

* Courses that apply to your current program and the program being added (based on the official degree requirements of each program) will automatically populate o audit.

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complete this pag	additional courses to apply (such as your practicum and practicum se e (the Course Transfer Form).	minars from your masters or Doctoral pr	ogram, the Gertificate Goordinator Wi
Student Last Name	Student Fir Name	st	Student ID
	CERTIFICATE AD	DING OR SWITCHING TO:	
	COURSE FROM CURRENT OR OLD PROGRAM	*APPLIES TO 1	THIS COURSE IN NEW PROGRAM
Certificate			
Coordinator			Date
	PLEASE TYPE YOUR NAME IN THE BOX ABOV		INSER

	SUBMIT COMPLETED FORM TO REGISTRAR@ADLER.EDU. FORMS THAT ARE DROPPED	OFF OR FAXE	D WILL NOT BE P	ROCESSED
	REQUIRED SIGNATURES			
Student Signature			Date	
	PLEASE TYPE YOUR NAME IN THE BOX ABOVE			INSER
Program Chair / Director Approval			Date	
	PLEASE TYPE YOUR NAME IN THE BOX ABOVE			INSER
Approval of Current Advisor			Date	
	PLEASE TYPE YOUR NAME IN THE BOX ABOVE			INSER
Approval of Certificate Coordinator			Date	
	PLEASE TYPE YOUR NAME IN THE BOX ABOVE			INSER
	IMPORTANT STUDENT REMINDERS:			
may impact you	to the Office of the Registrar no later than the first Friday of the term. Forms received ir ability to register for courses in your new program. Forms submitted after the first omplete forms will be returned.			
	Registrar's Office Use Only:			
Registrar's Office	Representative Signature and Date Received (with all signatures):			
Registrar's Office	Representative Signature and Date Processed:			
Registrar's Office Exceptions:	Representative Signature and Date Audit Reviewed for Previous Course			

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