



# COLLEGE OF APPLIED STUDIES

FLORIDA STATE UNIVERSITY PANAMA CITY

## Graduate UCSI Certificate Program Application

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Graduate Status (Check One)

Currently preregistered as or planning to register as a Non-Degree

Currently pursuing a graduate degree

Other \_\_\_\_\_

I plan to complete the 16-hour certificate program on or before \_\_\_\_\_

My present job title and organization are \_\_\_\_\_

Please email your application to : College of Applied Studies at [appliedstudies@pc.fsu.edu](mailto:appliedstudies@pc.fsu.edu).