

APPLICATION FOR CERTIFICATE and/or PIN Order Form

DEADLINE: March 15 for Spring and Summer, and October 30 for Fall Semester.
Return completed form to Benton 306.

PRINT CLEARLY (Name should be as you wish it to appear on Certificate.)

NAME _____
Last First

ADDRESS _____
Street City State Zip

MAJOR _____ DAY PHONE _____ WIN _____

Date of Completion: Fall 20____ Spring 20____ Summer 20____

Will you participate in the SAS Certificate and Awards Ceremony in May? _____

Are you a member of Phi Theta Kappa? _____

Are you a member of Lambda Nu? _____

Are you a member of Tau Upsilon Alpha? _____

Check Appropriate Certificate and/or Pin

- | | |
|--|---|
| <input type="checkbox"/> Legal Studies | <input type="checkbox"/> Diagnostic Medical Sonography |
| <input type="checkbox"/> Addiction Counseling | <input type="checkbox"/> Cardiac Sonography |
| <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> General Sonography |
| <input type="checkbox"/> Victim/Survivor Services | <input type="checkbox"/> Vascular Sonography |
| <input type="checkbox"/> Morita Therapy | <input type="checkbox"/> General/Vascular Sonography |
| <input type="checkbox"/> Clinical Laboratory Science | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> HIT Coding | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Magnetic Resonance | <input type="checkbox"/> Radiation Therapy |
| | <input type="checkbox"/> Respiratory Therapist |

There is a \$25.00 fee for replacement certificates.

Note: Certificates will be available from Program Directors following verification of grades.

PIN Orders: \$15 must be included w/form, check made out to Washburn University or cash accepted (**\$15 replacement fee for pins**)

Student Signature: _____

Date: _____