



APPLICATION FOR GRADUATION
Bilingual and TESOL Advanced Certificate Programs

IF YOU EXPECT TO COMPLETE YOUR REQUIREMENTS BY:

FORM MUST BE FILLED OUT BY:

(CHECK ONE) JANUARY

NOVEMBER 15TH

 JUNE

MAY 1ST

 SEPTEMBER

JULY 15TH

PLEASE WRITE OUT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (IF DIFFERENT THAN THE ONE SHOWN ON YOUR OFFICIAL TOURO RECORD, YOU MUST FILL OUT A CHANGE OF NAME FORM AND SUPPLY SUPPORTING DOCUMENTATION.)

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ MAIDEN NAME: _____

STUDENT ID# _____ EMAIL: _____

ADDRESS: _____ TELEPHONE () _____

CITY: _____ STATE _____ ZIP: _____

CERTIFICATE: (CHOOSE ONE)

- | | |
|--|---|
| <input type="checkbox"/> Bilingual Special Education (ITI only) | <input type="checkbox"/> Bilingual Special Education |
| <input type="checkbox"/> Bilingual Speech and Language Disabilities (ITI only) | <input type="checkbox"/> Bilingual Speech and Hearing Handicapped |
| <input type="checkbox"/> Bilingual Pupil Personnel Services (ITI only) | <input type="checkbox"/> Bilingual Pupil Personnel Services |
| <input type="checkbox"/> Bilingual General Education (ITI only) | <input type="checkbox"/> English to Speakers of Other Languages (TESOL) |
| <input type="checkbox"/> English to Speakers of Other Languages (TESOL) (ITI only) | |

PROCESSING FEE: \$200.00 (THE PAYMENT MUST BE DONE ONLINE BY LOGGING ONTO YOUR TC-WEB ACCOUNT AND CLICKING ON "QUICK PAY").

STUDENT'S SIGNATURE _____ DATE _____

ADVISOR'S SIGNATURE _____ DATE _____

BURSAR'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:		
GRADUATION DATE: JANUARY / JUNE / SEPTEMBER	YEAR: _____	
PROCESSED BY _____	DATE _____	GRADAPPSLREV 02/27/2012