

HAWAI'I PACIFIC UNIVERSITY

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PHONE: (808) 544-0239 EMAIL: ptg@hpu.edu

	OFFICE USE ONLY
DATE:	
MEMO:	
RECEIPT: _	

PETITION TO AWARD CERTIFICATE

CURRENT ADDRI	ESS:	PETITION TO	AVVARD	CER	TIFICA	AIE		
Student No. @					Home Pho	one:		
Last Name		First	Middle		Work Pho	ne:		
Street		Apt No			HPU Email:@my.hpu.ee			
City		State	ZIP Code		Military Ca	amnus.		
	rtificate if different fo	rom the address given above	10		•	•		
Address to mail certificate, if different from the address given above NAME:					Military Service:Advisor:			
					Advisor: _			
STREET:								
CITY/STATE/ZIP):							
COUNTRY:								
CERTIF	ICATE INFORMAT	ΓΙΟΝ: (Check only one. (Complete anoth	er petiti	on if you are	e petitioning for me	ore than one)	
	cute Care Nurse P				-	ity and Strategic S		
☐ Family Nurse Practitioner				☐ Org	Organizational Development and Change			
☐ Global Leadership and Sustainable Development				☐ Pre	Pre-Medical/ Pre-Health Studies			
☐ Human Resource Management				☐ Tea	Teaching English to Speakers of Other Languages			
☐ International Management				☐ Tra	Transcultural Nursing			
☐ Information Systems				☐ Oth	1 Other			
	ace below to type or	clearly print the correct or	der (first, middle,	, last) of	your legal na	me as you would lik	e it to appear on your	
certificate. NAME ON CERTIF	FICATE:							
Check Appropriate		()					T 00	
	enrolled in the followi	- : :	4				_Term, 20	
			5					
			6					
☐ I have	already completed	all requirements for the ce	rtificate as of			(Mont	h/Year)	
STUDENT SI	GNATURE	Digital signatures not accept				DATE		
ADDDOVAL C.	ADVISOR		Commente					
APPROVALS:	ADVISOR	☐ APPROVED☐ DISAPPROVED☐	Comments					
				Sin	nature		DATE	
	DEAN!		0	·				
	DEAN / DEPARTMENT	□ APPROVED□ DISAPPROVED	Comments					
	CHAIR			Ci-	nature		DATE	
Rev. 092320				Sig	nature		DATE	