DeSales University

Adult Studies Certificate Application
(This certificate may not be construed as a baccalaureate degree.)

Name _____
Last First Middle

Mailing address _____
Street

_____
City State Zip

Phone _____
Cell Work Home

ID # or Social Security # _____

Courses required for Certificate in Business Administration (4 Courses)

Course #	**Course Title**	**Date Completed**
AB217	Financial Accounting	
FN330 or FN331	Corporate Finance or Financial Management	
MG201	Principles of Management	
MK201	Principles of Marketing	

Note: No more than one course may be transferred to meet the requirements of the certificate

I acknowledge that I have received and read the Gainful Employment Disclosure for the Certificate in Business Administration. ☐
(Please Initial)

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

Division Head Signature _____ **Date** _____

Assistant Dean of Adult & Continuing Education _____ **Date** _____

Application to be completed prior to pursuing Certificate. Certificate awarded upon completion of relevant coursework and payment of all fees.

Original to Registrar **Copies to Business Office and Adult Studies** 3/15/2022