**Graduate Certificate in Environmental Leadership**

*Application and Certificate Request Form*

Parts 1 and 2 should be completed by the applicant. Return this completed form to:

SUNY College of Environmental Science and Forestry

Office of Instruction and Graduate Studies

227 Bray Hall

Syracuse, NY 13210

**Part 1 (Application)**

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

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

Student Identification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State ZIP code

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

Home Academic Institution (check one of the following boxes):

☐ SUNY College of Environmental Science and Forestry ☐ Syracuse University

Degree Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Degree Matriculation Anticipated Graduation

Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

The applicant must furnish evidence of (a) current matriculation, and (b) good academic standing in an eligible degree program at SUNY-ESF or Syracuse University. This evidence is provided by letter from the appropriate ESF or Syracuse University college official, as identified in the Certificate Advising Guide.

CRT (Office Use Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2 (Certificate Request)**

Instructions: When you have completed the three required courses for the Certificate, complete the following and send to: SUNY College of Environmental Science and Forestry, Office of Instruction and Graduate Studies, 227 Bray Hall, Syracuse, NY 13210.

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name, as you wish it to appear on the Certificate. Please print:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Mailing Address (address to which the Certificate should be sent):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State ZIP code

*Office Use Only*:

Certificate Request Form received by Graduate Office (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Requirements:

( ) B.S. (or equivalent)

( ) EST.640, .612 and .635 completed

( ) Cumulative grade of B or better in all courses

Program Certification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Paul Hirsch Date

Program Chair

Final approval of Certificate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scott S. Shannon, Dean of Graduate Studies Date

Certificate Mailed (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_