

For Office Use Only

Date SIS Stack Created:

Signature:

Date of enrollment:

Curriculum Plan Entered:

Signature:

Return Form to nursing@osu.edu
or to your academic advisor.**Certificate Tracking Form**_____
Last Name_____
First Name_____
Middle Initial_____
Suffix_____
OSU Email_____
Ohio State ID**Certificate Program:****Semester to be enrolled:**

I am interested in pursuing a certificate program in addition to my degree and I understand the following:

1. My Nursing curriculum courses must take priority over certificate courses. I cannot change my practicum or lecture times to accommodate my certificate classes.
2. Certificate programs consist of at least 12 credit hours, some certificates may require more.
3. I must be fully compliant with certificate compliance requirements.
4. For undergraduate level certificates: I must earn a C or better in my certificate coursework, and remain above a 2.5 minimum cumulative GPA.

For graduate level certificates: I must earn a B- or better in my certificate coursework, and remain above a 3.0 minimum cumulative GPA.
5. At least 50 percent of the credit hours required for the certificate must be unique to the certificate and cannot be used toward any other academic program.
6. Completion of a certificate program will result in an academic certificate.
7. I understand the certificate requirements and certify I meet them.

Do you have an active RN License? _____ RN License Number: _____

State(s) in which you are licensed: _____ Expiration Date: _____

Please list the coursework to be completed as part of this certificate:

This information can be found on the College of Nursing website: <https://nursing.osu.edu/academics/certificates>

Course:

Anticipated semester to be taken:

Student Signature

Date

Advisor Signature

Date

*Advisor approval via email can be used in place of a signature