Please return to Student Affairs
Newton Hall 106 or nursing@osu.edu

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