

Florida International University

Graduate Certificate Program Application

(For currently enrolled FIU graduate students only. All other applicants must complete the online application at admissions.fiu.edu)

Please complete this Application Form and have the Director of the certificate program sign it. Then submit the application along with a non-refundable **\$30.00 Application Fee**, made payable to "Florida International University", to the **One Stop** counter located in **SASC 126**. Or via mail to **FIU Graduate Admissions, P.O. Box 659004, Miami, FL 33265-9004**

Revised 07/11/2025

Panther ID: _____ Name: _____ Date of Birth: _____ (mm/dd/yyyy)
Last _____ First _____ MI _____
Address: _____ Street _____ City _____ State _____ Zip Code _____
Email: _____ Telephone: _____ Cell _____

Certificate Program

I am applying to the certificate program, indicated below (✓ check), beginning the Fall Spring Summer semester _____ (Year)

<input type="checkbox"/> Addictions	<input type="checkbox"/> Homeland Security & Emergency Management
<input type="checkbox"/> African & African Diaspora Studies	<input type="checkbox"/> Iberian Studies
<input type="checkbox"/> Afro-Latin American Studies	<input type="checkbox"/> Health Disparities
<input type="checkbox"/> Applied Behavior Analysis	<input type="checkbox"/> Human Resource Policy & Management
<input type="checkbox"/> Applied Social & Cultural Psychology	<input type="checkbox"/> Inclusion, Diversity, Equity, Access & Leadership (IDEAL)
<input type="checkbox"/> Asian Globalization	<input type="checkbox"/> International & Comparative Public Administration
<input type="checkbox"/> Asian Studies	<input type="checkbox"/> Japanese Studies
<input type="checkbox"/> Biodiversity Conservation & Management	<input type="checkbox"/> Latin American & Caribbean Studies
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Middle East & Muslim World Studies
<input type="checkbox"/> Cognitive Neuroscience	<input type="checkbox"/> National Security Studies
<input type="checkbox"/> Conflict Resolution & Consensus Building	<input type="checkbox"/> Nonprofit & Community Development
<input type="checkbox"/> Cruise Ship & Super Yacht Design	<input type="checkbox"/> Pediatric Nutrition Online
<input type="checkbox"/> Culturally Competent Nursing Education	<input type="checkbox"/> Portrait & Figurative Art
<input type="checkbox"/> Educational Leadership	<input type="checkbox"/> Post-Master's Nurse Practitioner: Adult Health Nursing
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Post-Master's Nurse Practitioner-Psychiatric & Mental Health Nursing
<input type="checkbox"/> Environmental Studies	<input type="checkbox"/> Post-MSW Clinical Practice
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Public Health Foundations
<input type="checkbox"/> Epidemiology Online	<input type="checkbox"/> Public Finance, Procurement & Contract Management
<input type="checkbox"/> Esports Marketing	<input type="checkbox"/> Public Management & Civic Leadership
<input type="checkbox"/> European & Eurasian Studies	<input type="checkbox"/> Quantitative Environmental Finance
<input type="checkbox"/> Geographic Information Systems	<input type="checkbox"/> Religious Studies
<input type="checkbox"/> Global Strategic Communications	<input type="checkbox"/> Science Communication
<input type="checkbox"/> Grades K-5 Mathematics Teaching	<input type="checkbox"/> Social Work Practice with the Elderly
<input type="checkbox"/> Grades 6-8 Mathematics Teaching	<input type="checkbox"/> Sustainable Communities
<input type="checkbox"/> Healthcare Management	<input type="checkbox"/> TESOL
<input type="checkbox"/> Health Promotion	<input type="checkbox"/> Water, Environment & Developmental Studies
<input type="checkbox"/> History & Theory of Architecture	<input type="checkbox"/> Women's & Gender Studies

Applicant's Signature _____ Date _____ (mm/dd/yyyy)

Graduate Certificate Program Director Statement/Admissions Recommendation (Required)

I certify that the above FIU graduate student meets all of the admissions criteria for our certificate program, and, therefore, approve his/ her admission to the program.

Director's Signature: _____ Date: _____ (mm/dd/yyyy)

Name (Please Print): _____ Phone Ext: _____