

MILLARD FILLMORE COLLEGE

Certificate of Completion Request Form

Please print your name exactly as you wish it to appear on the certificate:

Name _____

Address _____

UB Person No. _____ E-mail address _____

(A) Circle the certificate(s) that you are applying for:

Health Care Administration
Health and Human Services
International Trade
Paralegal Studies
Public Relations/Advertising

Computing & Network Management
Microcomputer Business Applications
Network Management
Systems Analysis and Design
Entrepreneurship

(B) List courses taken and semester in which they were completed:

Course (Department and Course Number)	Semester and Year Completed

NB: if course is a substitution based on coursework completed at other college/university, please include the MFC Course Substitution Form along with this form.

Signature _____ Date _____

MAIL THIS FORM TO: Millard Fillmore College
University at Buffalo – South Campus
128 Parker Hall
Buffalo, NY 14214-8004

OFFICE USE ONLY: Checked – _____ Cert. Sent – _____
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