

PLEASE FILL IN THE FOLLOWING

Student Name: _____
Last First Middle

UGA ID# (81X): _____

Email Address: _____

Address to receive the certificate: _____
Street

City State Zip

Telephone number: _____

Your graduate program or place of employment:

You will be awarded the certificate after grades have been posted at the end of the semester in which you complete all certificate courses. A paper certificate will also be mailed to you at that time.

Submit this form to one of the following:

Email: sucertificate@uga.edu

Mail: Certificate in Substance Use Counseling Office, School of Social Work, 279 Williams Street, Athens, GA 30602

STAY CONNECTED! Join our Substance Use Certificate Alumni Listserv to learn of possible position openings and/or special events.

YES! Add me to the Substance Use Certificate Alumni listserv using the following email address:

 Email: _____

Do not include me on the listserv.

Do not write below this line

CERTIFICATE approved by: _____

Date: _____