



# MADISON COLLEGE

## New Certificate Request Form

**INSTRUCTIONS** - Complete and submit this form to request creation of a new certificate. Please provide all information requested below and attach a draft of the certificate curriculum sheet.

**DEADLINES** - Requests for creation of new certificates must be submitted by **March 1 for Fall term** and **September 1 for Spring Term**.

### Step 1 - NEW CERTIFICATE INFORMATION

Proposed Certificate Name:			
Proposed Program Code Number:		CIP Code (contact IRE for assistance):	
School Responsible for Certificate:		Effective Start Date Requested:	
Semester(s) Available:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Certificate completely online?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity Numbers:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, term(s): <input type="checkbox"/> Fall - _____ <input type="checkbox"/> Spring - _____		
Admissions Requirements(s):	<input type="checkbox"/> High School Diploma/GED/HSED <input type="checkbox"/> Associate Degree in: _____ <input type="checkbox"/> Technical Degree in: _____ <input type="checkbox"/> Bachelor's Degree in: _____ <input type="checkbox"/> Work Experience* in: _____ <p style="text-align: right; font-size: small;">*Verified by letter from employer or Madison College faculty member.</p>		
Additional Information:			

**NOTES:** If there are no capacity limit(s) and admissions requirements are not requested, applicants will be admitted automatically. There is no summer intake. Certificates are not eligible for financial aid. Course requirements should be set up as prerequisites for the course(s), not as admissions requirements. Certificate students are admitted as Madison; location is controlled by course registration.

### Step 2 - REQUESTOR INFORMATION

**Faculty:** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Madison College Email Address \_\_\_\_\_ @madisoncollege.edu  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dean:** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Madison College Email Address \_\_\_\_\_ @madisoncollege.edu  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Step 3 - SUBMISSION INSTRUCTIONS

Submit completed form and draft of curriculum sheet to the Learner Success Operations Hub - Truax, Room 254:

**Address:** Learner Success  
 Madison College  
 1701 Wright Street  
 Madison, WI 53704

**Fax:** (608) 246-6438  
**Email:** LSHub@madisoncollege.edu

Please allow up to 20 business days to process a New Certificate Request Form. Requests are reviewed in order they are received.

**Questions?** Contact Learner Success at Room 254, Truax, or at (608) 246-6435.

*Regional & Metro Campus Staff* - Date stamp, scan and email to [LSHub@madisoncollege.edu](mailto:LSHub@madisoncollege.edu).  
**Learner Success Operation Hub Use Only:**  
 Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_ Date Processed \_\_\_\_\_