

Student Information

First Name

Last Name

Social Security Number

Mailing Address:

Street

City State Zip

Email Address:

*Please provide a personal email address NOT a corporate email address

Credit Union Information:

Credit Union Name

CU Phone Number

CU Address:

Street

City State Zip

Certificate Information

- I am applying for a Credit Union Education Program **Six** course certificate. I have completed four required courses, and 2 elective courses required for completion.
- I am applying for a Credit Union Education Program **Twelve** course certificate. I have completed the required courses in the program.
- I am applying for both Credit Union Education Program (**Six and Twelve**) course certificates. I have completed the required courses and have not received a six course certificate previously.

PRINT your name exactly as you would like it **PRINTED** on the certificate.

Printed Certificate Name

All graduates will be recognized at the CUEP graduation banquet. Each graduate is expected to provide a business appropriate photo and personal statement about their experience in the CUEP for the graduation ceremony.

I have submitted a photo to CreditUnionEducationProgram@gmail.com for use in the presentation. Personal Statement:

Application Requirements:

- A. A copy of your FSCJ transcripts must be included with your certificate application. Applications without transcripts will be considered incomplete.
- B. The CUEP Course Verification form on the second page of this application must be completed.
- C. If any course substitutions are being requested, attach supporting transcripts to the certificate application and provide a cover letter documenting the request.

Course Verification Form

Course	Instructor	Semester	Year
Human Behavior*			
Foundation & Structure of Credit Unions*			
Business Mathematics*			
Fundamentals of Member Service*			
Credit Union Accounting			
Financial Counseling			
Collection Techniques			
Consumer Lending			
Marketing			
Effective Writing			
Mortgage Lending			
Financial Management			
Personal Finance			

Any class with an asterisk (*) is required for both the Six and Twelve course certificates.

I affirm all information above is true and correct to the best of my knowledge. I understand I will be notified by a CUEP representative once my application has been decided.

Signature

Date

Email Completed Application To:

CreditUnionEducationProgram@gmail.com

Subject: Graduation Application [Applicant Name]

*Review myCUEP.org to ensure the committee is accepting applications before submitting application