

**Request for Certificate of Undergraduate Study**

Last Name	First Name	Middle Initial.	Z-ID

Certificate Code

\_\_\_\_\_  
Certificate of Undergraduate Study Name**Intended Completion Date for Certificate:**      Fall              Spring              Summer              of 20 \_\_\_\_\_**Check One:**☐ Pursuing Certificate of Undergraduate Study☐ Admitted to Certificate of Undergraduate Study☐ Admission denied to Certificate of Undergraduate Study☐ Admission to Certificate of Undergraduate Study rescinded☐ No longer pursuing Certificate of Undergraduate Study☐ Certificate of Undergraduate Study requirements are met----- **College/Department Use Only** -----**Authorized by:** \_\_\_\_\_

Certificate Program Coordinator

\_\_\_\_\_  
Department\_\_\_\_\_  
Date