Statewide Location

_____

Northern Arizona University
Office of the Registrar
Application for CERTIFICATE(s)

Semester to be awarded:

_____20_____

_____ NAU ID#

_____ USER ID#

_____ Contact Phone Number

Full Name _____
(As it will appear on the certificate) First Middle Last

Certificate mailing address: _____

(This is where your certificate will be mailed) _____

Is this application being filed in conjunction to a graduation application? ○ **Yes** ○ **No**
Is this certificate being awarded prior to a currently pursued Bachelor's Degree? ○ **Yes** ○ **No**

Certificates being awarded:

_____(code)_____ Adviser _____ x _____

_____(code)_____ Adviser _____ x _____

LIST COURSES IN PROGRESS OR TO BE COMPLETED BELOW:

INSTITUTION (Example: NAU)	COURSE (Example: ENG 105)	UNITS HRS	TERM/ YEAR	*

*** If Applicable, Specify I, R, or C:**

*I = Incomplete from previous terms

*R = Repeat of previous course

*C = Minimum grade of "C" required

Current NAU Cumulative G.P.A. _____

Notes/Special Requirements:

_____

_____

1) Total hours completed, (NAU and transfer): _____
2) Remaining hours in progress or to be completed: _____
3) Total hours student will complete: _____ Total of (1) and (2)
4) Total hours required for certificate(s): _____

VEREFICATION SIGNATURES: By signing, we certify that upon successful completion of the above listed courses, the student's certificate(s) requirement(s) will be satisfied.

STUDENT'S SIGNATURE _____ DATE _____

CERTIFICATE ADVISER'S SIGN/DATE _____ DEPT. CHAIR'S SIGN/DATE _____ DEAN'S DESIGNEE SIGN/DATE _____

CERTIFICATE ADVISER'S SIGN/DATE _____ DEPT. CHAIR'S SIGN/DATE _____ DEAN'S DESIGNEE SIGN/DATE _____