

Statewide Location _____

**Northern Arizona University
Office of the Registrar
Application for Undergraduate
Certificate**

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 | * |
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*** 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): _____

VERIFICATION 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 _____