



Certificate Registration Form

Name _____ Email _____

Class Year _____ Major(s), If Declared _____

Courses Taken, if any, Toward Fulfillment of Certificate Requirements (They must represent 3 different departments and no more than 2 lecture courses)

Dept, Course Number, Professor:
Course Title: _

Dept, Course Number, Professor:
Course Title:

Dept, Course Number, Professor:
Course Title:

Dept, Course Number, Professor:
Course Title:

Dept, Course Number, Professor:
Course Title:

Dept, Course Number, Professor:
Course Title:

Approved by _____

Date _____

Co-Director of the Certificate