



Office of the Registrar

36600 Schoolcraft Road
Livonia, MI 48150-1176
(734)432-5400 Fax (734)432-5405

APPLICATION FOR UNDERGRADUATE CERTIFICATE

FEE: \$10

Certificate of Achievement _____
Certificate of Completion _____

PROGRAM _____

PLEASE PRINT:

NAME: _____ ID# _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP _____

SEMESTER (check one): I _____ II _____ III _____ YEAR: _____
DEC MAY JULY

PLEASE PRINT NAME AS IT IS TO APPEAR ON CERTIFICATE:

STUDENT SIGNATURE _____

DATE _____

ADVISOR SIGNATURE _____

DATE _____

***RETURN WITH ATTACHED PLAN OF STUDY TO THE REGISTRAR'S OFFICE**