

**UNIVERSITY OF NORTH DAKOTA
OFFICE OF THE REGISTRAR**

APPLICATION FOR CERTIFICATE

TITLE OF CERTIFICATE:

Date you expect to receive your certificate? (Check one and indicate year) **SPRING** **SUMMER** **FALL** **YEAR: 20**_____

Name as it is to appear on your certificate. (Please print)

LAST: _____ **FIRST:** _____ **MIDDLE:** _____

EMPLID # _____ **DATE OF BIRTH:** _____

PHONE: _____ **E-MAIL ADDRESS:** _____

Undergraduate **Graduate**

TODAY'S DATE: _____

Your certificate and all correspondence will be mailed to the most current HOME address indicated on Campus Connection.

***Submit to the College Deans Office, or to the Office of the Registrar,
201 Twamley Hall, Stop 8382, by the specified deadline***