

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

APPLICATION FOR CERTIFICATE

TITLE OF CERTIFICATE:

COLLEGE:

Submit to the College Deans Office by the specified deadline

Date you expect to receive your certificate?

_____Spring _____Summer _____Fall Yr. 20_____

Enter name as it is to appear on your certificate:

EMPLID # _____

(Student ID)

Your certificate and all correspondence will be mailed to the most current HOME address on record with the University of North Dakota, Office of the Registrar.