

CERTIFICATION OF COMPLETION OF UNDERGRADUATE CERTIFICATE

Washington State University

Pullman, Washington 99164-1035

STUDENT'S NAME _____ I.D. _____ DATE _____

UNDERGRADUATE CERTIFICATE _____

DATE OF COMPLETION _____

REGISTRAR'S OFFICE



The above named student has completed the requirements for the undergraduate certificate indicated.

CHAIR'S SIGNATURE _____

NOTE: SEND TOP HALF OF THIS FORM TO THE REGISTRAR'S OFFICE IN A SEALED ENVELOPE.

DEPARTMENT OR PROGRAM _____

FOR DEPARTMENTAL USE

This portion may be used to record the student's progress in completing requirements toward the undergraduate certificate. After the student has completed all requirements, return the above form to the Registrar's Office for posting of the undergraduate certificate on the student's record.

CERTIFICATE GRADE POINTS _____

DATE PREPARED _____

REQUIREMENTS COMPLETED:

REQUIREMENTS TO BE COMPLETED:

