## **Northern Illinois University**

## Office of Registration and Records

## **Request for Certificate of Undergraduate Study**

Last Name		First Name		Middle Initial.	Z-ID	
	<del></del>					
Certificate Code	Certificate	Certificate of Undergraduate Study Name				
Intended Completion Date for Certificate:		Fall	Spring	Summer	of 20	
Check One:						
Pursuing Certificate of Undergraduate Study						
Admitted to Certifi	cate of Undergradua	ate Study				
Admission denied to Certificate of Undergraduate Study						
Admission to Certificate of Undergraduate Study rescinded						
No longer pursuing	g Certificate of Under	rgraduate Stud	dy			
Certificate of Undergraduate Study requirements are met						
	Colle	ege/Departn	nent Use Only			
Authorized by:						
Certificate Program Coordinator		r	Departmer	nt	Date	