UW-Eau Claire Certificate Completion Form

Student and Certificate Information:

Name of Student _____

Student Identification # _____

Certificate Title _____

Term of Completion _____

Approval / Signature of Primary Department Contact Person:

Certificate should be approved only when the requirements have
been completed by the student. Submit this form to the Registrar's Office,
Schofield 128, Attn: Degree Review.

Signature _____

Date of Signature _____

Registrar's Office Use Only	Program Code:
Completion Term:	Date: