



DECLARATION OF CERTIFICATE PROGRAM

STUDENT ID NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER _____ EMAIL: _____

CERTIFICATE PROGRAM:

☐ Business & Entrepreneurship

☐ Museum Studies

☐ Native American Art History

☐ Broadcast Journalism

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Department Head Signature: _____
(CERTIFICATE PROGRAM)

Date: _____

RETURN THIS SIGNED FORM TO THE REGISTRAR'S OFFICE.

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