



**DECLARATION OF CERTIFICATE PROGRAM**

STUDENT ID NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CERTIFICATE PROGRAM:**

- Business & Entrepreneurship**
- Museum Studies**
- Native American Art History**

**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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