

Undergraduate Certificate Application for the Plan of Study

Certificate Start Date: _____

Name: _____ E-mail Address: _____

Clemson CUID:

ADD CERTIFICATE

Certificate Name: _____

Certificate Program Code: _____

DELETE CERTIFICATE

Certificate Name: _____

Certificate Program Code: _____

Student's Signature

Date

Certificate Program Director (Print Name)

Date

Certificate Program Director (Signature)

Date

Please print address for Plan of Study form to be mailed to Certificate Program Director: _____

If a Certificate Program is being added, this form will be forwarded to the address of the Certificate Program Director indicated above.

Office Use Only

Recorded by Enrolled Student Services: _____
Date