

## Undergraduate Certificate Application for the Plan of Study

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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