CLEMSON
U N I V E R S I T Y

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.

Return completed form to the Enrolled Student Services Office, 104 Sikes Hall.