

INTENT TO SEEK CERTIFICATE FORM

Student's Name:			
Graduation month and year:		Rhodes ID Number:	
should be completed, on A student should plan, w records of a student's pro	e copy being filed with the certific ith a faculty advisor, the course of	e first semester of the senior year. Two cate's department or program and one copy study which will complete the chosen certie Registrar; this form is for purposes of acet forth.	with the Registrar ificate. All officia
Certificate sought:			
Catalogue year of the	degree program to be follow	ed:	
	certificate: (Please indicate the tand course number are require	se courses already taken by checking the d for each course.)	e box preceding
	□	□	
	□		
Declared major(s):			
Major concentration (i	f applicable):		
Declared minor(s):			
Chair of Certificate Department or Program		Major Advisor	
Printed Name		Printed Name	
Signature		Signature	
Date		Date	
Student Signature		Date	

Please submit this form to Rhodes Express.