\$ <del>\$</del> \$	DOMINICAN UNIVERSITY
	UNIVERSITY
	Office of the Registrar

Date		Office	of the Reg	Istrar
ID number			cation for Cer ion and Diete	
Name				
Address	City	State	Zip	
Home telephone	W	ork telephone		
Cell Phone	E-mail			
<ul> <li>Prior to award of certificate, the followin</li> <li>1. Completion of 34 semester ho</li> <li>2. Completion of all certificate red</li> <li>2. Completion of Proficiency requires</li> <li>3. Final payment of all fees.</li> <li>4. A cumulative grade point averation filed 60 days prior to</li> <li>Certificate Fee:</li> <li>Final payment of all fees (include your certificate or request transmitted to the sector of the sector of</li></ul>	ur of credit at Dom quirements. uirements. age of 2.000 or abo to completion of ce	ninican University ove. ertificate program. ertificate fee) must be		
<ul> <li>Students that submit a late app</li> </ul>	•	-	•	
Term and Year you expect to complete Fall Spring	certificate: Sumr	ner 🗌 Year		
Please Print or Type your name on the	line below as you	wish it to appear on y	our certificate.	
	Please prii	nt or type		
Have you repeated a course in which your figure in the second sec		•		-
IMPORTANT NOTICE: If any changes complete a revised Certificate Applic		information supplie	d above, the student I	NUST
Student's signature		Da	te	

Date \_\_\_\_\_