Northwest Nazarene University 2024-25 Academic Year APPLICATION FOR CERTIFICATE COMPLETION

Please Note : A \$25.0	00 application fee will be applied to	your accoun	t		
Name:		ID#:			
NNU Email address:			Date:		
Non-NNU Email add	ress:				
Mailing address:					
City:	State:			Zip:	
Cell Phone (to receiv	ve diploma information text):				
Complet	tion Semester (choose one) Fall 2024 (deadline date 6/1/24)		ee if receive	ed after the deadline	
	Spring 2025 (deadline date 10/15/24)				
Summer 2025 (deadline date 1/15/25)					
Certificate Applying for: (Please choose one from the appropriate drop down menu) Program/Department:					
Major:					
Please print your name exactly as it is to appear on your certificate (required): Name:					
Student Signature:	Date Signed:				
PLEASE NOTE: Students completing a Certificate Program will not have their name printed in the NNU Commencement Program and will not be allowed to participate in NNU Commencement activities.					
Outstanding Requi	irements Name:			ID#:	
To Be completed by Student Academic Advisor, Program Coordinator or Dept Chair:					
Please list all major requirements for certificate completion that are in-progress or not yet completed.					
Course #	Course Name	Semester	Credits	_	
1					
2					
3					
4		1			
5	1	1			
Program Approval:		Date:			