

# DECLARATION OF CERTIFICATE

Name \_\_\_\_\_

Student # \_\_\_\_\_

Check One:  Declaration of Certificate  Dropping Certificate

Present Classification:  FR  SO  JR  SR

Major Field(s): \_\_\_\_\_

Certificate: \_\_\_\_\_

Certificate Director Name: (Please Print) \_\_\_\_\_

\_\_\_\_\_  
*Certificate Director Signature*

\_\_\_\_\_  
*Date*

*I authorize the release of my academic records to the Certificate Program director, named above.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*



*Return signed form to the academic department of the certificate, The Certificate Director approves the change and emails a scanned copy to [registrqar.forms@wheaton.edu](mailto:registrqar.forms@wheaton.edu).*

*Rev. 10/2017*