REQUEST FOR CERTIFICATE

Last Name	First & Middle	Maiden	Harding ID #	Current Date

Reply Address	Completion Date	Certificate Title*

Name, as you wish it to appear on Certificate: _____

All certificates will be mailed. Please list the address to which the certificate will be mailed.	**Office Use Only**
_____	Date Entered _____ Date Posted _____
_____	Dept. Code _____ Degree Code _____ Major Code _____

The following courses will fulfill all completion requirements. Any change from this completion plan without written permissions of the registrar may delay completion. Please indicate if any courses are repeats!

CURRENT SEMESTER SCHEDULE DEPT, COURSE# CREDIT HOURS	**NEXT SEMESTER SCHEDULE** DEPT, COURSE# CREDIT HOURS	**NEXT SEMESTER SCHEDULE** DEPT, COURSE# CREDIT HOURS

*Certificates offered: Biblical Studies

Year entered Harding: _____ Are you an American Citizen? _____

E-MAIL ADDRESS: _____ ***Please keep a copy for your records***