

COLLEGE OF ARTS AND SCIENCES CERTIFICATE PROGRAM FORM

Date _____ E-mail address _____ I.D. # _____ / _____ / _____

Name _____ Daytime Phone _____

Local Address: _____

____ Non Degree student

____ Current Lehigh graduate student

Current department/program _____

Masters _____ PhD. _____

This program is for the certificate of _____

LIST COURSES TO COUNT TOWARDS CERTIFICATE

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	GRADE

TOTAL HOURS _____

Student's Signature _____	Date _____
Department Authorization _____	Date _____
Dean's Office Signature _____	Date _____
Received in Registrar's Office _____	Date _____

To Registrar's Office	
Student has completed courses for the certificate in _____.	
Please record on Student Transcript.	
_____	_____
Deans' Office Signature	Date