FOR OFFICE USE ONLY

Campus/Location _____

Amount Received_____Receipt No._____

Clerk's Initials _____ Date _____

PLEASE PRINT FIRMLY

CERTIFICATION INTENT
TROY UNIVERSITY

The following name should be engraved on my certificate: (Use complete name. Married women may use maiden name as middle name.) PLEASE PRINT CLEARLY.

_____

(First Name) (Middle Name) (Last Name)

Social Security Number:_____
Or ID Number

Current Mailing Address:_____

_____

Phone(___)_____

E-mail Address_____

Work Phone(___)_____

Cell Phone (___)_____

CAMPUS/LOCATION: ___Troy University—Troy ___Troy University—Dothan
___Troy University—Phenix City ___Troy University—Montgomery
___Troy University—Troy Global Campus (location)_____
___Troy University—eCampus

I intend to complete my certificate at the end of (check one) Fall____ Spring____ Summer____
with the following degree: Or Term I____ II____III____IV____V____, 20___

___Government Contracting

___Post Masters Family Nurse Practitioner

This **"CERTIFICATION INTENT"** should be filed with the Campus Registrar according to the date published in the course schedule. The non-refundable certification fee must be paid at the time the **"INTENT"** is filed. Students who fail to complete course work as scheduled must refile their **"CERTIFICATION INTENT."** For this **"CERTIFICATION INTENT"** form to be valid, the form must be completed, signed and dated.

I hereby certify that the above information is accurate.

_____ Date_____

(Signature)

YOUR CERTIFICATE FEE MUST BE PAID AT THE TIME THIS INTENT IS FILED

Distribution:

Original: -Registrar
Yellow: -Alumni Office

Troy Publication 104-320