



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—Phenix City
___ Troy University—University College (location) _____
___ Troy University—eCampus
___ Troy University—Dothan
___ Troy University—Montgomery

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
- ___ Taxation

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.

(Signature) Date _____

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

Distribution:
Original: -Registrar
Yellow: -Alumni Office