WHEATON COLLEGE
For Christ & His Kingdom

CERTIFICATE CHANGE APPLICATION

Instructions:
1. Complete the top half of the form.
2. Send to Faculty Advisor.
3. Send to Certificate Director.
4. Once signed and approved, email the form to registrar@wheaton.edu.

Name: _____ Student ID: _____

Check One: ☐ Declaration of Certificate ☐ Dropping Certificate

Present Classification: _____ Expected Grad Date: _____

Major(s): _____

Certificate: _____

*(**Note**: Separate forms required for each Certificate declaration)*

I authorize the release of my academic records to the Certificate Program Director named below.

Student Signature _____ Date _____

Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Certificate Director Name _____

Certificate Director Signature _____ Date _____