Northeastern University
College *of* Professional Studies

OFFICE OF ACADEMIC & STUDENT SUPPORT SERVICES
50 Nightingale Hall ◆ 360 Huntington Avenue ◆ Boston, MA 02115
www.cps.neu.edu ◆ Tel: 617-373-2400 ◆ Fax: 617-373-5545

DECLARING CERTIFICATE COMPLETION

PART I. STUDENT INFORMATION

Student name:_____
Last (Family name) *First (Given name)* *Middle Initial*

Mailing address:_____
Street *City* *State* *Zip code*

Email address:_____ Student ID: 000-_____

Primary telephone number: (_____)_____

Could your file be under a different name? ☐ Yes ☐ No
If yes, please provide the name._____

PART II. DECLARATION OF CERTIFICATE COMPLETION

☐ Undergraduate
☐ Graduate

Certificate program name:_____

When did you finish your last requirement for this certificate?_____

***** *Please note that certificates are issued by the College of Professional Studies two times each year: January 31st and July 31st. Students who are waiting for their certificates may request a verification letter of certificate completion through the Office of Academic & Student Support Services. Please contact your designated Academic & Student Support Specialist for more information.* *****

_____ _____
Student signature *Date*

FOR OFFICE USE ONLY
Date assigned_____ Assigned to:_____

Signature: _____ Date completed_____ Request: ☐ Accepted ☐ Denied
Comments: