

**CERTIFICATE APPLICATION
COMMUNICATION DISORDERS AND SCIENCES
(Undergraduate)**

SUNY Plattsburgh

Please complete and forward to the
Registrar's Office, 3rd Fl., Kehoe Administration Building
101 Broad Street, SUNY Plattsburgh, Plattsburgh, NY 12901
Telephone: 518-564-2100, Fax: 518-564-4900, Email: registrar@plattsburgh.edu

Name: _____ Student's ID: _____
Print your legal name exactly as you wish it to appear on the certificate.

Mailing Address: (Certificate mailed approximately two months after grades have been recorded.)

Street: _____

City: _____ State _____ Zip Code _____ Country _____

Hometown (if different from mailing address): _____

Email Address: _____ Date Application Submitted: _____

Certificate in Communication Disorders and Sciences

CERTIFICATE DATE

(The date by which all requirements will be completed)

Certificate Date (circle one): MAY AUG DEC JAN Year: _____

Student's Signature: _____