



PLEASE PRINT FIRMLY

FOR OFFICE USE ONLY	
Campus/Location _____	
Amount Received _____	Receipt No. _____
Clerk's Initials _____	Date _____

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)
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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—University College (location) _____
 Troy University—eCampus

I intend to complete my certificate at the end of (check one) with the following degree: Fall____ Spring____ Summer____
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.

_____ (Signature)	Date _____
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YOUR CERTIFICATE FEE MUST BE PAID AT THE TIME THIS INTENT IS FILED

Distribution:

Original: -Registrar
Yellow: -Alumni Office