

STATEMENT OF INTENT TO COMPLETE: UNDERGRADUATE CERTIFICATE OF COMPETENCY

Clearly PRINT/TYPE your name **exactly** as you wish it to appear. Student ID # _____ Date of Birth _____

Permanent Address

City State ZIP/Postal Code Country

Contact Phone Salem State email

*(I have read the **Procedures and Policies** (see page 2) at the time of my Statement of Intent to Enroll in a **Undergraduate Certificate Program**.)*

At this time, I regard my Certificate program ready to review for completion:

Certificate Program Name

Please return/mail this form signed to:

Student Navigation Center
Attn: Academic Services
Salem State University | Central Campus
352 Lafayette Street
Salem, MA 01970

Signature

CERTIFICATE OF COMPETENCY

Salem State University

PROCEDURES AND POLICIES

1. All Certificate of Competency programs and courses carry full undergraduate academic credit.
2. Some Certificate programs may require achievement of a minimum grade point average determined by the sponsoring academic department. In no event will a Certificate be awarded to a student who completes Certificate requirements with less than a 3.0 grade point average.
3. The student must file a Statement of Intent form prior to the completion of the fourth course with (wi)6..2()0o M8.1(9w5(o)-1.8(5t)-3.2()]TJ m)0.9 Tf 0.002O 0 -1.pa-1.8(r00