



# MILLIKIN UNIVERSITY®

## Undergraduate Certificate Achievement Form

Registrar's Office  
1184 West Main Street  
Decatur, Illinois 62522

217.424.6217  
217.420.6789  
www.millikin.edu

\_\_\_\_\_  
(Full name as you want it to appear on your certificate)

My student ID is 0 | 0 | | | | | |

Current Degree (check one): B.A.\_\_\_\_B.S.\_\_\_\_B.F.A.\_\_\_\_B.M.\_\_\_\_B.S.N.\_\_\_\_ Current Advisor:\_\_\_\_\_

Current Major: \_\_\_\_\_ Concentration:\_\_\_\_\_ Minor:\_\_\_\_\_ Second Major:\_\_\_\_\_

**Students earning a degree will not earn Academic Certificates for courses that are a subset of the required course sequence for their declared major/minor.**

**Please circle the certificate you are achieving:**

**Example:** Criminal Justice

Arts Entrepreneurship (AREN-CERT)

Business Process Management (BPM-CERT)

Criminal Justice (CJ-CERT)

Digital Media Marketing (DM-CERT)

Entrepreneurship (BMEN-CERT)

Information Systems Application Development (ISAD-CERT)

Information Systems Data Management (ISDM-CERT)

Information Systems Security and Compliance (ISSC-CERT)

Not-for-Profit Business (BUNP-CERT)

Process Improvement (BUPI-CERT)

Project Management (BUPM-CERT)

### CONTACT INFORMATION

Please print permanent (home) mailing address below:

Street\_\_\_\_\_ Apartment Number\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Country (if not U.S.)\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I have discussed the student's plans to complete all certificate requirements and feel they should graduate by the date indicated above:

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

**Please return the completed form to the Registrar's Office-Room 16, Gorin Hall**