



Undergraduate Certificate Declaration Form

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First & Last Name:	St. Thomas ID:	
Current Major:	Current Minor:	
Date:	Student Signature:	

Are you a veteran student using VA education benefits? If yes, check the box. (Staff, contact VA SCO, dtshelito@stthomas.ed ensure VA 85/15/ policy is enforced.)

Undergraduate Certificate Program:

Section 1: To be completed by the Student

Please affirm that you agree to comply with the St. Thomas academic policies.

As an undergraduate student, I will adhere to the University of St. Thomas <u>Academic Integrity Policy</u>, and I will act with honesty, integrity, respect, and accountability in all my actions

Section 2: To be completed by Certificate Program Director

Director's Name (Printed):		
Director's Signature:	Catalog Year:	Date:
Advisor's Name (Printed):	Advisor's St. Thomas ID:	