

Certificate(s) &/or Minor in Disability Studies

PRINT CLEARLY!

Last: _____ First: _____ Middle: _____

EWU ID: _____ Phone: _____

Mailing Address: _____

Email Address: _____

City: _____ State: _____ Zip code: _____

Important: In order to make your certificate and/or minor official, you must request/declare this with the University. See attachment "Declaring a Certificate in Disability Studies".

Select one: Currently, you are an _____ undergraduate or a _____ graduate student?

Certificate(s)/Minor Receiving:

_____ **Undergraduate** - Disability Studies Certificate

_____ **Undergraduate** – Minor in Disability Studies

_____ **Graduate** – Disability Studies Certificate

Disability Classes taken:

	Date:	Class:	Grade:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Name as you wish it to appear on your certificate:

(First) _____ (Middle) _____ (Last) _____
