SECONDARY MAJOR CERTIFICATE

LAST NAME (Please Print) FIRST MIDDLE RMU ID #

STREET ADDRESS SECONDARY MAJOR

CITY STATE ZIP

STUDENT SIGNATURE DATE

OFFICE USE ONLY

CERTIFICATION ☐ YES ☐ NO

CERTIFICATION DATE _____ _____

AUTHORIZED SIGNATURE DATE REVIEWED

MAKE 2 COPIES: Distribution: Copy #1: Registrar Copy #2: Student

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