# Course Certification Request Form

**Date:** _____ **ID #:**_____

**Name:** _____

**Campus:** _____

**Discipline:** _____

**Academic Chair:** _____

Full catalog name and full catalog number required. Each course must be listed separately.

**Example:**

| Course Title | Course Catalog # |
|---|---|
| 1. Principles of Accounting | 1. ACC101 |

| Course Title | Course Catalog # |
|---|---|
| 1._____ | 1._____ |
| 2._____ | 2._____ |
| 3._____ | 3._____ |
| 4._____ | 4._____ |
| 5._____ | 5._____ |
| 6._____ | 6._____ |
| 7._____ | 7._____ |
| 8._____ | 8._____ |
| 9._____ | 9._____ |

Please send this form to: weeksv@sunysuffolk.edu

10/2/13