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:

1. Financial Accounting I 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: krompid@sunysuffolk.edu