



Moravian College Comenius Center
1200 Main Street
Bethlehem, PA 18018
Fax: 610-861-1466

If you have any questions, contact the Comenius Center at 610-861-1400.

Submit form¹:

No earlier than September 1, but no later than October 1
No earlier than January 1, but no later than February 1
No earlier than May 1, but no later than June 1

1. Name _____

First	Middle	Last
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2. Address _____

4. Phone: Home _____ Work _____ Cell _____

6. Term certificate/certification requirements will be completed _____ 20 _____
Term (Fall, Spring, May, Summer I, Summer II) Year

☐ Second major in _____

☐ Other (specify) _____

Signature _____ Date (mm/dd/yyyy) _____

1. Student will _____ will not _____ fulfill cert. requirements as stated above (comments on reverse) Advisor _____ (Initials) ____/____/____ (Date)

2. Student will _____ will not _____ fulfill cert. requirements as stated above (comments on reverse) Assoc. Dean _____ (Initials) ____/____/____ (Date)

3. Copy to: a. Registrar _____ (Initials) ____/____/____ (Date) b. Advisor _____ (Initials) ____/____/____ (Date)

c. Student _____ (Initials) ____/____/____ (Date) d. File _____ (Initials) ____/____/____ (Date)